

ESTIMATE / QUOTATION FORM

1. Company & Estimate Details

Your Company Information	Estimate Details
Company Name:	Estimate #:
Address: [Your Address]	Date Issued:
Phone:	Valid Until:
Email:	Project Name:

2. Client Information

Field	Details
Client/Contact Name:	
Client Company:	
Billing Address:	
Client Phone/Email:	

3. Itemized Breakdown of Costs

This table lists the proposed goods or services required for the project.

Item #	Description of Work / Goods	Quantity	Unit Price	Subtotal
1	[e.g., Design Consultation Services]			
2	[e.g., Materials/Hardware Procurement]			
3	[e.g., Installation/Labor Fee]			
4	[Additional Item/Fee]			

4. Cost Summary

Summary Item	Amount
Subtotal (from Section 3)	
Shipping / Handling Fee	
Applicable Tax ([X]%)	
TOTAL ESTIMATED COST	

5. Notes, Terms, and Conditions

- Validity:** This estimate is valid for a period of [Number] days from the date issued. Prices are subject to change thereafter.
- Disclaimer:** This document is an **ESTIMATE** only. The final invoice amount may vary based on scope changes, unforeseen issues, or modifications requested by the Client during the project.
- Payment Terms:** If accepted, the resulting contract payment terms will be [e.g., 50% Upfront, Balance Net 30 days].

6. Acceptance of Estimate

If the Client agrees to the estimated costs and terms, please sign below. This signature indicates intent to proceed and may be subject to a formal contract or agreement.

Client Signature: _____

Printed Name: _____

Date: _____