Your business name

# ESTIMATE

Address

Phone / email

License #

No.

Date

Estimate valid until

**PREPARED FOR**

**PROJECT / JOB SITE**

| DESCRIPTION | QTY | UNIT | UNIT PRICE | AMOUNT |
|---|---|---|---|---|
| Mount 65 in. TV on drywall, hide cables | | ea | | |
| Install floating shelves | | ea | | |
| Re-caulk tub and shower | | job | | |
| Replace interior door hardware | | ea | | |
| Patch drywall holes and touch-up paint | | hr | | |
| Materials | | lot | | |

**Payment terms**

**Notes**

Subtotal

Sales tax (taxable lines only)

**TOTAL (USD)**

By signing below, the customer accepts this estimate, including the prices and terms above.

Signature

Printed name and title

Date