Your business name

# ESTIMATE

Address

Phone / email

License #

No.

Date

Estimate valid until

**PREPARED FOR**

**PROJECT / JOB SITE**

| DESCRIPTION | QTY | UNIT | UNIT PRICE | AMOUNT |
|---|---|---|---|---|
| Inspection and moisture check | | job | | |
| Replace deck boards, 5/4 x 6 pressure-treated | | ea | | |
| Sister two damaged joists | | ea | | |
| Replace stair stringer | | ea | | |
| Clean and stain deck, 240 sq ft | | sq ft | | |
| Labor - general repairs | | hr | | |

**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