

ELECTRICAL ESTIMATE

License No: _____

Estimate #: _____

Date: _____

CONTRACTOR DETAILS

Business Name: _____

Address: _____

Phone: _____

Email: _____

CLIENT DETAILS

Name: _____

Job Site Address: _____

Phone: _____

Email: _____

Description of Service / Materials	Qty/Hrs	Rate/Price	Amount

Description of Service / Materials	Qty/Hrs	Rate/Price	Amount
Subtotal:			\$ _____
Tax (____ %):			\$ _____
Total Estimate:			\$ _____

SCOPE OF WORK & TERMS

_____ Estimate valid for _____ days. Includes basic materials and labor as listed.

Contractor Signature

Client Acceptance Signature

Thank you for your business!