

# PAINTING PROJECT ESTIMATE

[Business Name]

[Address]

[Phone] | [Email]

Date: \_\_\_\_\_

Estimate #: \_\_\_\_\_

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## Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Project Details

Start Date: \_\_\_\_\_

Est. Completion: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Services (Rooms/Areas)	Labor	Materials	Total

## Scope of Work & Notes (Prep work, paint types, exclusions)

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Estimate: \$ \_\_\_\_\_**

**Terms & Acceptance**

This estimate is valid for 30 days. A deposit of \_\_\_\_\_% is required to commence work.

X \_\_\_\_\_

Contractor Signature

X \_\_\_\_\_

Client Signature