

LABOR ESTIMATE

Estimate #: _____

Date: _____

SUBCONTRACTOR INFORMATION

CLIENT / GENERAL CONTRACTOR

PROJECT LOCATION / DESCRIPTION

Description of Labor / Task	Hours	Rate (\$)	Total (\$)

Labor Subtotal: \$ _____
Other Expenses: \$ _____
ESTIMATED TOTAL: \$ _____

Terms & Conditions

This estimate is valid for ____ days. Final costs may vary based on site conditions and changes in scope.

Subcontractor Signature

Client Acceptance Signature