

ESTIMATE

[Consultancy Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Estimate #: [000]
Date: [MM/DD/YYYY]
Valid Until: [MM/DD/YYYY]

Client:

[Client Name]
[Company Name]
[Client Address]
[Client Email]

Project:

[Project Name/Reference]
[Brief Scope Description]

Service Description	Rate	Qty/Hrs	Total
[Strategic Planning / Analysis]	\$0.00	0	\$0.00
[Market Research & Reporting]	\$0.00	0	\$0.00
[On-site Workshops/Training]	\$0.00	0	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Estimated Total: \$0.00

Terms & Notes:

This is an estimate only, not an invoice. Final costs may vary based on project scope changes. A deposit of [0%] is required to commence work. Payment terms: [Net 30].