

ENGINEERING ESTIMATE

[Consultant Name/Firm]

[Street Address]
[City, State, Zip]
[License Number]

ESTIMATE #: [0000]
DATE: [MM/DD/YYYY]
VALID UNTIL: [MM/DD/YYYY]

CLIENT / PROJECT OWNER:

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

PROJECT DETAILS:

[Project Name/ID]
[Project Site Location]
[Scope of Work Reference]

Description of Services	Hours/Qty	Rate/Price	Total
[Service Name: e.g., Structural Analysis & Design]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Name: e.g., Site Inspections & Reporting]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Name: e.g., CAD Drafting/Modeling]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Expenses: e.g., Permit Fees/Travel]	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$0.00
Tax/VAT: \$0.00

Total Estimate: \$0.00

TERMS & NOTES:

1. This estimate is based on the initial scope of work provided.
2. Any revisions or additional site visits will be billed at standard hourly rates.
3. Payment terms: [e.g., Net 30].