

# CONSULTING ESTIMATE

**[Your Consulting Firm Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

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

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

Valid Until: \_\_\_\_\_

**CLIENT / ATTENTION TO**

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[Client Name]

[Company Name]

[Street Address]

[City, State, Zip]

**PROJECT FOCUS**

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[Project Title/Reference]

Project Phase: [Phase Name]

Estimated Duration: [Timeframe]

Description of Services / Deliverables	Rate/Type	Hours/Qty	Line Total
<b>Strategy &amp; Analysis</b> Market research and initial discovery phase.	\$0.00	0	\$0.00
<b>Operational Framework</b> Process mapping and optimization plan.	\$0.00	0	\$0.00

Description of Services / Deliverables	Rate/Type	Hours/Qty	Line Total
<b>Implementation Support</b> On-site training and change management.	\$0.00	0	\$0.00

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**Subtotal: \$0.00**

**Estimated Expenses: \$0.00**

**Project Estimate: \$0.00**

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**Notes & Terms:**

1. This is a professional estimate, not a binding invoice.
2. Final billing will be based on actual hours worked and pre-approved expenses.
3. Payment terms: [e.g., Net 30] upon conversion to invoice.