

ESTIMATE

[Consultant Name/Firm]

[Address Line 1]

[Email / Phone]

Estimate #: [0000]

Date: [Date]

Expires: [Date]

CLIENT

[Client Name]

[Company Name]

[Client Address]

PROJECT SCOPE

[Project Title]

[Estimated Timeline]

Service Description	Rate Type	Qty/Hrs	Estimated Total
Operational Audit & Gap Analysis	Flat Fee	1	\$0.00
Process Mapping & Workflow Optimization	Hourly	0	\$0.00
Software Implementation Support	Hourly	0	\$0.00
Strategic Management Consulting	Retainer	1	\$0.00

Subtotal: \$0.00

Estimated Expenses: \$0.00

Estimated Total: \$0.00

NOTES & TERMS

This is an estimate only, not a final invoice. Final costs may vary based on actual hours logged and project adjustments. All work is subject to signed consulting agreement.