

# ESTIMATE

[Consultant/Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

**Estimate #:** [0000]

**Date:** [MM/DD/YYYY]

**Expires:** [MM/DD/YYYY]

**Client:**

[Client Name]

[Company Name]

[Client Address]

**Project:**

[Security Audit / Penetration Test / Risk Assessment]

Description of Services	Hours/Qty	Rate	Total
[Service Name/Task Detail]	[0.00]	[\$0.00]	[\$0.00]
[Service Name/Task Detail]	[0.00]	[\$0.00]	[\$0.00]
[Service Name/Task Detail]	[0.00]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax ([0] %): [\$0.00]

**Total Estimate: [\$0.00]**

**Terms & Conditions:**

This is an estimate only. Final billing will be based on actual hours worked and expenses incurred. A [0]% deposit is required to commence work.