

[CONSULTANCY NAME]

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

ESTIMATE

Date: [MM/DD/YYYY]
Estimate #: [EST-000]

CLIENT:

[Client Contact Name]
[Company Name]
[Client Address]

PROJECT:

[Strategic Initiative Name/Phase]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Phase 1: Discovery & Current State Analysis	[0.00]	[\$0.00]	[\$0.00]
Phase 2: Strategic Roadmap Development	[0.00]	[\$0.00]	[\$0.00]
Stakeholder Workshops & Deliverables	[0.00]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Estimated Expenses: \$[0.00]
Estimated Total: \$[0.00]

Terms & Conditions:

This estimate is valid for 30 days. Final costs may vary based on scope changes or additional data requirements. A [00]% deposit is required to commence engagement.