

PROJECT ESTIMATE

Estimate #: [000]

Date: [DD/MM/YYYY]

[Writer Name/Studio]

[Street Address]

[City, State, Zip]

[Email/Phone]

Client:

[Client Name/Production Co]

[Contact Person]

[Address]

Project Details:

Project Title: [Working Title]

Format: [Feature/Pilot/Short]

Estimated Delivery: [Date]

Description of Services	Rate	Qty/Unit	Total
Initial Concept & Treatment	\$0.00	1	\$0.00
First Draft Screenplay	\$0.00	1	\$0.00
Revisions (Included Rounds)	\$0.00	2	\$0.00
Consultation & Meetings	\$0.00	Hrs	\$0.00
			Estimated Total: \$0.00

Terms & Notes:

1. This is an estimate only; final costs may vary based on scope changes.
2. [Percentage]% deposit required to commence work.
3. Ownership of material remains with the writer until final payment is received.