

ESTIMATE

[Company Name]
[Street Address]
[City, State, Zip]

ESTIMATE NUMBER
#EST-000

DATE
[Date]

CLIENT / ORGANIZATION

[Client Name]
[Contact Person]
[Email Address]

EVENT DETAILS

[Event Title]
[Event Date]
[Venue Name]

Description	Quantity/Hrs	Unit Price	Total
Event Management & Planning Fee	1	\$0.00	\$0.00
Catering & Beverage Services	1	\$0.00	\$0.00
Audio Visual & Technical Production	1	\$0.00	\$0.00
Venue Rental & Logistics	1	\$0.00	\$0.00

Description	Quantity/Hrs	Unit Price	Total
Marketing & Collateral Materials	1	\$0.00	\$0.00
<hr/>			
Subtotal \$0.00			
Tax (0%) \$0.00			
<hr/>			
Total Estimate \$0.00			

NOTES & TERMS

This is a preliminary estimate based on the current scope of work. Final costs may vary based on actual attendance and additional requests. Estimate is valid for 30 days.