

PROJECT ESTIMATE

[Your Company Name]
[Address Line 1]
[Phone / Email]

Estimate #: [000]
Date: [MM/DD/YYYY]
Valid Until: [MM/DD/YYYY]

Client:

[Client Name]
[Event Title]
[Event Date]

Venue:

[Venue Name / Location]
[Estimated Guest Count]

Description of Services / Items	Quantity	Unit Price	Total
Event Planning & Coordination Fee	1	\$0.00	\$0.00
Catering & Beverage Estimate	[Qty]	\$0.00	\$0.00
Decor, Lighting & Floral	1	\$0.00	\$0.00
Entertainment (DJ/Band/AV)	1	\$0.00	\$0.00

Description of Services / Items	Quantity	Unit Price	Total
Equipment Rentals (Tables, Chairs, Linens)	1	\$0.00	\$0.00
Subtotal: \$0.00			
Service Fee / Tax: \$0.00			

Estimated Total: \$0.00

Terms & Conditions:

This is an estimate only, not a final invoice. Final costs may vary based on guest count fluctuations and additional service requests. A [00]% deposit is required to secure the event date.