

PLUMBING ESTIMATE

Company Name _____

License # / Contact Info _____

ESTIMATE DATE

ESTIMATE #

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

JOB LOCATION (IF DIFFERENT)

Address: _____

Job Type: _____

Description of Materials & Labor	Qty	Unit Price	Total

Material Total: \$ _____

Labor Total: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

NOTES / TERMS:

Estimate valid for 30 days.

PLUMBER SIGNATURE

CUSTOMER ACCEPTANCE