

ELECTRICAL ESTIMATE

[Company Name]
[Street Address]
[City, State, Zip]
[License #] | [Phone]

Estimate #: _____
Date: _____
Valid Until: _____

CLIENT INFORMATION

[Client Name/Company]
[Billing Address]
[Contact Email]
[Contact Phone]

PROJECT SITE

[Project Name]
[Site Address]
[Site Contact Person]

Description of Work / Materials	Qty/Hrs	Unit Price	Total
[Service/Item Description - e.g., Conduit Installation]	0	\$0.00	\$0.00
[Service/Item Description - e.g., Panel Upgrade]	0	\$0.00	\$0.00
[Service/Item Description - e.g., Labor - Journeyman]	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax (___%): \$0.00

Estimated Total: \$0.00

TERMS & SCOPE

1. Estimate based on visible conditions. Change orders required for unforeseen obstructions.
 2. Permit fees [Included / Not Included].
 3. Payment terms: [e.g., 50% Deposit / Balance on Completion].
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Thank you for your business.