

# ESTIMATE

# [Estimate Number]

DATE  
[Date]

---

FROM

**[Electrician/Company Name]**

[License Number]

[Address Line 1]

[Phone Number]

FOR

**[Client Name]**

[Property Address]

[City, State, Zip]

[Client Email]

Description of Consultation / Service	Rate	Qty	Amount
On-site Electrical Safety Inspection & Consultation	\$0.00	1	\$0.00
Diagnostic / Troubleshooting Fee	\$0.00	0	\$0.00
Travel / Service Call Surcharge	\$0.00	1	\$0.00

---

Subtotal: \$0.00

Tax: \$0.00

---

**ESTIMATED TOTAL: \$0.00**

---

**NOTES & TERMS**

This is an estimate only and not a final invoice. The consultation fee covers the initial assessment. Additional parts and labor required for repairs will be quoted separately. This estimate is valid for [30] days.