

ESTIMATE

EMERGENCY ELECTRICAL SERVICE

Estimate #: _____

Date: _____

Service Provider:

[Company Name]

[License #]

[Phone Number]

[Email Address]

Client:

[Client Name]

[Service Address]

[Phone Number]

Description of Work / Parts	Qty/Hrs	Rate	Amount
Emergency Dispatch / Diagnostic Fee			
Labor: Electrical Repair			
Parts/Materials:			

Subtotal: \$ _____

Emergency Surcharge: \$ _____

Tax: \$ _____

Total Estimate: \$ _____

Scope of Work Notes: _____

Terms: This estimate is valid for [00] days. All emergency repairs are subject to immediate payment upon completion unless otherwise agreed.

Thank you for your business.