

ELECTRICAL MAINTENANCE ESTIMATE

[Contractor/Company Name]

[License Number]

[Address Line 1]

[Phone / Email]

Estimate No: _____

Date: _____

Valid Until: _____

Client / Facility:

[Client Name]

[Facility Address]

[Contact Person]

Project/Job Site:

[Asset ID / Machine Name]

[Location Within Plant]

Description of Service / Parts	Qty/Hrs	Unit Price	Total
Labor: Scheduled Preventative Maintenance			
Labor: Diagnostic & Testing			
Materials: [e.g., Contactors, PLC Modules, Cabling]			
Materials: [e.g., Fuses, Terminals, Consumables]			

Subtotal: \$ _____
Sales Tax: \$ _____

Total Estimate: \$ _____

Notes & Scope of Work:

1. Estimate based on visual inspection; subject to change upon discovery of concealed faults.
2. All work to comply with NEC / OSHA safety standards.
3. Lead times on industrial components are subject to manufacturer availability.

Authorized Signature	Client Approval (Date)
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