

ESTIMATE

Lighting Design & Installation

Date: _____
Estimate #: _____

SERVICE PROVIDER

[Company Name]

[Address Line 1]

[Phone / Email]

CLIENT / PROJECT SITE

[Client Name]

[Project Address]

[Phone / Email]

Description of Fixtures & Services	Qty/Hrs	Rate	Amount
Design Consultation & Layout Planning			
Fixture: [Model/Type]			
Wiring, Transformers & Controllers			
Installation Labor			
Permits & Miscellaneous			
Subtotal \$0.00			
Tax \$0.00			
Total Estimate \$0.00			

TERMS & CONDITIONS

1. This estimate is valid for 30 days from the date of issuance.
2. 50% deposit required to order fixtures and schedule installation.
3. Final balance due upon completion of the lighting system commissioning.