

# LVT ESTIMATE

[Company Name]  
[Address Line 1]  
[Phone Number]

**Estimate #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Valid Until:** \_\_\_\_\_

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## CLIENT / BILLING

[Client Name]  
[Service Address]  
[City, State, Zip]  
[Phone/Email]

## PROJECT SCOPE

**Room(s):** \_\_\_\_\_  
**Subfloor:** \_\_\_\_\_  
**LVT Type:** \_\_\_\_\_

DESCRIPTION	QTY / SQFT	UNIT PRICE	TOTAL
LVT Material: [Brand/Style/Color]			
Underlayment / Moisture Barrier			
Installation Labor (Click/Glue-down)			

**DESCRIPTION**

**QTY / SQFT**

**UNIT PRICE**

**TOTAL**

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Subfloor Prep (Leveling/Patching)

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Transitions & Shoe Molding

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Removal & Disposal of Existing Floors

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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

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**Terms & Conditions:**

1. Estimate is based on visible floor conditions; additional prep may incur costs.
2. Furniture moving is not included unless specified above.
3. A [Percentage]% deposit is required to schedule installation.