ESTIMATE

[Painter/Company Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]

Estimate #: _____
Date: _____
Valid Until: _____

CLIENT INFORMATION

[Customer Name]
[Property Address]
[Phone Number]
[Email Address]

PROJECT SCOPE

Location: [Interior / Exterior]
Surfaces: [Walls, Trim, Ceiling, etc.]
Estimated Duration: [Days/Weeks]

Description of Services & Materials	Quantity	Unit Price	Total
[Surface Prep: Sanding, Patching, Masking]	-	-	$
[Labor: Painting Labor per Room/SqFt]	-	-	$
[Materials: Paint Gallons, Primer, Supplies]	-	-	$

Subtotal: $_____

Tax: $_____
Estimated Total: $_____

TERMS & CONDITIONS

1. This is an estimate, not a final invoice. Final costs may vary based on hidden surface damage.
2. 50% deposit required to schedule work.
3. Client to provide access to water and electricity.

Thank you for the opportunity to bid on your project!