PROJECT ESTIMATE

Date: _____

Estimate #: _____

[Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

CLIENT DETAILS

[Bride/Client Name]
[Address]
[Phone]
[Email]

EVENT DETAILS

Wedding Date: _____
Venue: _____
Consultation Type: _____

Service Description	Quantity/Hrs	Rate	Amount
Initial Bridal Consultation & Mood Board	____	____	____
Vendor Research & Coordination	____	____	____
Site Visit & Layout Planning	____	____	____
Administrative/Travel Fees	____	____	____

Subtotal: _____

Tax: _____
Estimated Total: _____

Notes & Terms:

- This is an estimate only and is valid for 30 days.
- A non-refundable deposit of _____ is required to secure the date.
- Final costs may vary based on requested changes or additional consultation hours.