



Company Name

123 Anystreet  
Anytown, ST 45678  
123-456-7890

# JOB ESTIMATE

Date of Estimate \_\_\_\_\_

Estimate Number \_\_\_\_\_

Prepared By \_\_\_\_\_

RE:  Day Work  Contract  Extra

Explanation \_\_\_\_\_

Job Name/Number \_\_\_\_\_

Job Location \_\_\_\_\_

Job Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#	MATERIAL	QTY	PRICE EACH	TOTAL PRICE	#	LABOR	RATE	HOURS	TOTAL AMOUNT
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
10					10				
11									
12					#	MISCELLANEOUS			TOTAL AMOUNT
13					1				
14					2				
15					3				
16					4				
17					5				
18						OVERHEAD			
19						TOTAL LABOR			
20						TOTAL MISC.			
21						TOTAL MATERIALS			

ESTIMATE APPROVED BY \_\_\_\_\_

SIGNATURE APPROVAL FOR QUOTATION RELEASE



TOTAL BID	
TOTAL COST	
TOTAL PROFIT	