ESTIMATE

Estimate no.

Date

Valid until

FROM

Business name

Address

Phone / email

PREPARED FOR

Customer name

Address

Phone / email

Job address

Planned start date

SCOPE OF WORK

Identify the equipment, diagnosed work, proposed parts and any included testing.

Description	Unit	Qty	Rate	Amount
Diagnostic Service Call	each			
AC Coil Cleaning	each			
Ignitor Replacement	each			
Basic Thermostat Install	each			
Air Filter Replacement	each			

NOT INCLUDED

Separate duct alterations, electrical upgrades, disposal and any warranty conditions.

Subtotal

Tax rate (%)

Tax

Total

Deposit to book (if any)

CUSTOMER APPROVAL

I accept this estimate and the scope of work above.

Signature

Printed name

Date