# 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

Record origin and destination, inventory, crew hours, travel and packing services.

| Description | Unit | Qty | Rate | Amount |
|---|---|---|---|---|
| 2 Movers + Truck | hour | | | |
| Studio Apartment | each | | | |
| Full Packing Service | hour | | | |
| Piano (upright | each | | | |
| 4 Bedroom House (flat | each | | | |
| | | | | |
| | | | | |
| | | | | |

## NOT INCLUDED

Clarify stairs, long carries, specialty items, storage and additional time charges.

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