# 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 fixtures, diagnosed work, parts, labor and access assumptions.

| Description | Unit | Qty | Rate | Amount |
|---|---|---|---|---|
| Service Call Fee | each | | | |
| Drain Cleaning (Main | each | | | |
| Faucet Repair | each | | | |
| Water Heater Flush | each | | | |
| Leak Detection (Electronic | each | | | |
| | | | | |
| | | | | |
| | | | | |

## NOT INCLUDED

Clarify wall restoration, concealed damage and permit arrangements before the customer approves.

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