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 pool size, visit frequency, testing, cleaning and chemical arrangements.

Description	Unit	Qty	Rate	Amount
Weekly Pool Cleaning	month			
Filter Cleaning	each			
Twice-Weekly Pool Service	month			
Green Pool Recovery (light	each			
Variable-Speed Pump Replacement	each			

NOT INCLUDED

Separate equipment repairs, green-pool recovery and exceptional chemical requirements.

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