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

Describe measured areas, roofing materials, removal, flashing and cleanup based on a site assessment.

Description	Unit	Qty	Rate	Amount
Roof Inspection	each			
Shingle Repair (minor	each			
Shingle Roof (per square	roof square			
Gutter Cleaning	each			
Architectural Shingle Roof (per square	roof square			

NOT INCLUDED

State how concealed decking damage, permits and changes in scope will be handled.

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