FLAT ROOF ESTIMATE

ROOFING CONTRACTOR

Business name _____

Address _____

Phone / email _____

License no. _____

ESTIMATE DETAILS

Estimate no. _____

Date _____

Valid until _____

Prepared by _____

CLIENT AND BUILDING

Client _____

Building address _____

Roof _____

ROOF SYSTEM

Existing roof _____

New membrane _____

Insulation _____

EXISTING ROOF REMOVAL

Item	Details	Area / qty	Unit	Rate	Amount

Removal subtotal

INSULATION AND MEMBRANE

Item	Details	Area / qty	Unit	Rate	Amount

Insulation and membrane subtotal

FLASHING, EDGES AND DRAINS

Item	Details	Area / qty	Unit	Rate	Amount

Flashing subtotal

Subtotal

Sales tax, if applicable (_____%)

Estimated total

NOTES

_____

_____

EXCLUSIONS

_____

_____

Accepted by (client signature)	Print name	Date

Prices are based on the roof area above and are valid until the date shown.