# JOB COST ESTIMATE

## CONTRACTOR

Business name _____

Address _____

Phone / email _____

## ESTIMATE DETAILS

Estimate no. _____

Date _____

Valid until _____

Prepared by _____

## CLIENT AND JOB

Client name _____ Job site _____

Job description _____

Area _____

## COSTS

| Description | Qty | Unit | Unit cost | Amount |
|---|---|---|---|---|
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|---|---|
| Cost subtotal | |
| Markup (_____%) | |
| Contingency (_____%) | |
| Sales tax, if applicable (_____%) | |
| **Estimated total** | |

## HOW THIS ESTIMATE IS CALCULATED

_____

_____

_____

## NOT INCLUDED

_____

_____

_____ _____ _____

Accepted by (client signature) Print name Date

*Prices are valid until the date shown above.*