Your company name

123 Your Street

City, State, Country

ZIP Code

564-555-1234

your@email.com

yourwebsite.com

BILLED TO

Client Name

Street address

City, State, Country

ZIP Code

ESTIMATE

Estimate NUMBER

00001

DATE OF ISSUE

mm/dd/yyyy

DESCRIPTION	UNIT COST	QTY/HR RATE	AMOUNT
Your item name	$0	1	$0
Your item name	$0	1	$0
Your item name	$0	1	$0
Your item name	$0	1	$0
Your item name	$0	1	$0
Your item name	$0	1	$0
Your item name	$0	1	$0
Your item name	$0	1	$0

SUBTOTAL	$0
DISCOUNT	$0
(TAX RATE)	0%
TAX	$0

INVOICE TOTAL

$2,000

TERMS

E.g. Please pay invoice by MM/DD/YYYY