COMPANY NAME

ESTIMATE

PHONE

EMAIL

LICENSE #

INSURED BY

ESTIMATE #

DATE

VALID UNTIL

PREPARED FOR

CLIENT NAME

PHONE / EMAIL

JOB ADDRESS

STREET

CITY / STATE / ZIP

ROOF AREA (SQUARES) / PITCH / LAYERS

ROOF CONDITION AND SCOPE (TEAR-OFF, DECKING, FLASHING)

LINE ITEMS

#	ITEM (PER-SQUARE INSTALL, TEAR-OFF, DECKING, FLASHING, VENTS, OR PERMIT)	QTY	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				

Subtotal

Tax

Total

PAYMENT TERMS

Squares: _____ plus waste _____ %

Decking: _____ per sheet, as found and approved

Materials deposit: _____

Permit: cost plus handling. Balance due on completion.

NOTES AND EXCLUSIONS

ACCEPTANCE

By signing below, the client accepts this estimate and authorizes the work described above.

CLIENT SIGNATURE / DATE

CONTRACTOR SIGNATURE / DATE

This estimate is valid for 30 days. Hidden decking damage is priced per sheet as found and approved; weather may reschedule.