

Home Repair Estimate

Itemized estimate for repair or improvement work

CampusDown REPAIR

ESTIMATE #

DATE

From (contractor / business)

NAME / COMPANY

ADDRESS

PHONE / EMAIL

LICENSE # (IF REQUIRED)

To (customer)

NAME / COMPANY

ADDRESS

PHONE / EMAIL

JOB SITE ADDRESS

Scope of work

NOT INCLUDED / EXCLUSIONS

Itemized costs

Description	Type (M/L)	Qty	Unit	Unit price	Line total

Subtotal

Tax (____ %)

Total

Deposit

Balance due

Terms

Estimate valid for ____ days. Estimated start: _____ Estimated completion: _____

Payment schedule: _____

Changes to scope or price will be agreed in writing before the extra work is done.

Warranty on workmanship: _____ Permits obtained by: _____

CONTRACTOR SIGNATURE / DATE

CUSTOMER SIGNATURE / DATE