IT SERVICE ESTIMATE

Estimate no.: _____ Date: _____ Valid until: _____

Business / contact: _____

Customer / contact: _____

Job address: _____

Estimated start: _____ Completion: _____ Currency: _____

Description	Qty	Unit	Rate	Amount
Diagnostics				
Hardware				
Installation				
Configuration				

Subtotal: _____ Contingency: _____ Tax: _____ Total: _____

Proposed deposit: _____ Estimated balance: _____

Scope and exclusions: _____

Assumptions / optional work: _____

Payment terms / milestones: _____

Customer approval: _____ Date: _____

Estimated charges only. Obtain approval for changes before additional work.