|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PLUMBING ESTIMATE TEMPLATE** |   | **<COMPAMY LOGO>** |   |
|  | REFERENCE NO. | CLIENT NAME |   |   |   |   | DATE ISSUE |   |
|  | <Reference Number> | <Client Name> | mm/dd/yyyy |   |
|  | CONTACT PERSON | CONTACT NUMBER | EMAIL ADDRESS  |   |
|  | <Contact Person> | <Contact Number> | <Email Address> |   |
|  | ADDRESS |   |   |   |   |   |   |   |   |
|  | <Client Address> |   |
|  |   |   |   |   |   |   |   |   |   |
|  | **COST DETAILS** |   |
|  | **PERMIT(S)** | **Quantity** | **Unit** | **Unit Cost (US$)** | **Amount(US$)** |   |
|  | Association Work Permit | 1 | Lot | 150..00 | 150.00 |   |
|  |   |  |  |  |  |   |
|  |   |  |  |  |  |   |
|  | **MATERIALS** | **Quantity** | **Unit** | **Unit Cost (US$)** | **Amount(US$)** |   |
|  | 45 Degrees PVC Elbow Pipe (2 inches Diameter) | 2 | Pcs. | 2.18 | 4.36 |   |
|  | 90 Degrees PVC Elbow Pipe (2 inches Diameter) | 1 | Pcs. | 10.84 | 10.84 |   |
|  | 14 inches PVC Pipe (2 inches Diameter) | 4 | Pcs. | 6.64 | 26.56 |   |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
|  | **LABOR** | **Date** | **Hours Worked** | **Rate/Hour (US$)** | **Amount (US$)** |   |
|  | Replacement of P-Trap in Kitchen Sink | 11.10.2019 | 6 | 10.50 | 63.00 |   |
|  |   |  |  |  |  |   |
|  |   |  |  |  |  |   |
|  |   |  |  |  |  |   |
|  |   |  |  |  |  |   |
|  | **ESTIMATE SUMMARY** | **Total Amount** | **Sales Tax%** | **Sales Tax (US$)** | **Discount %** | **Discount(US$)** | **Total Amount Due (US$)** |   |
|  | Permit(s) Cost | 150.00 | 0% | 0.00 | 0% | 0.00 | **150.00** |   |
|  | Materials Cost | 41.76 | 12% | 5.01 | 0% | 0.00 | **36.75** |   |
|  | Labor Cost | 60.00 | 12% | 7.56 | 5% | 3.15 | **52.29** |   |
|  | **Total Cost** | **254.76** |  | **12.57** |  |  | **239.04** |  |
|  | **NOTE**: *This estimate is valid only <nn> days from date of issue.* |   |   |   |   |
|  | **REMARKS** |  |  |  |  |  |  |   |
|  | <Additional remarks needed for this estimate.> |   |
|  |   |
|  |   |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
|  | PREPARED BY | SIGNATURE  |   | DATE |   |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
|  | REVIEWED AND APPROVED BY | SIGNATURE | DATE |   |
|  |  |  |  |  |  |  |  |  |  |