

ESTIMATE OF REPAIRS

Owner Date ___/___/___
Address Phone Est.No.
City State Order No.
Insurance Co. License No.
Address

Description of Item to be Repaired:

Description of Necessary Repairs:

DESCRIPTION OF LABOR OR MATERIAL PART NO. COST LABOR

Table with 4 columns: DESCRIPTION OF LABOR OR MATERIAL, PART NO., COST, LABOR. Contains vertical dots for data entry.

Parts prices based on standard catalog procurement price lists subject to change without notice
Procurement and delivery charges may be added for special service items not available locally
The above is an estimate based on our inspection and does not cover additional parts or labor which may be required after the work has been begun, occasionally after work has started damages are discovered which are not evident on first inspection because of this the above prices are not guaranteed.

TOTAL MATERIAL
TOTAL LABOR
TAX
DEPOSIT DUE
Estimated by: Approved
By:

AUTHORIZED AND ACCEPTED
BY: Date ___/___/___