

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

:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:

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 ___/___/___