## **Company Name**

## Company Logo

Address City, State, Zip Business Phone

Bill To:

Name Company Name Address City, State, Zip Business Phone

## Cost Estimate

DATE XX/XX/201X
Quotation # 12345
Customer ID ABC123

Quotation valid until: Void After 30 Days

Prepared by: Name

Comments or special instructions: Project Name

AB Lighting ALED 3T 150W 5000K abor (35 hours @ \$100/hr)	ALED3T150	\$	188.00	¢15.00	
abor (35 hours @ \$100/hr)			_	φ15.00	\$2,820.00
abor (35 hours @ \$100/hr)			$\longrightarrow I$		
		\$	35.00	\$100.00	\$3,500.00
Freight		\$	1.00	\$700.00	\$700.00
			Sub Total:		\$7,020.00
			Tax (6%):		\$421.20
	TOTAL				\$7,441.20
you have any questions concerning this quotation, Contact	t Name, Phone Number, E	-mail			
THANK YOU FOR YO	UR BUSINESS!				
	Cost Estimate	Requiren	ients		
1. Must show a break Equipment Cost		a breakou	t of:		
	Labor Cos 2. Must be sig		otomor		
	Z. Must be sig	nied by cu	Stoffiel	ı	