

# BATHROOM REMODEL ESTIMATE QUOTE

Client Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

## Contact Information:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Estimate Summary:

Scope of Work: \_\_\_\_\_

Estimate Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Detailed Pricing:

Description	Quantity	Unit Price (USD)	Total Price (USD)
Demolition & Removal			
Plumbing Installation			
Electrical Work			
Tiling & Flooring			
Cabinetry & Fixtures			
Painting & Finishing			
Cleanup			
Subtotal			
Tax (if applicable)			
Total Estimate			

## Terms and Conditions:

1. This estimate is valid for acceptance within thirty (30) days from the date of issue.
2. All work will be performed in a professional manner consistent with industry standards.
3. Any changes or additions must be authorized in writing and may incur additional charges.
4. Payment is due as outlined in the payment schedule below.
5. The contractor is licensed and insured in accordance with applicable laws.
6. The client is responsible for obtaining any necessary permits.
7. The contractor will not be responsible for delays caused by unforeseen circumstances or client changes.
8. Warranty on labor and materials applies as per manufacturer's terms and applicable law.
9. Liability is limited to the scope of the work and does not cover pre-existing conditions or damages outside the contracted work.
10. This agreement is governed by the laws of the United States and the relevant state jurisdiction.

## Payment Schedule:

<b>Milestone</b>	<b>Amount (USD)</b>	<b>Due Date</b>
Deposit (upon acceptance)		
Mid-Project Payment		
Final Payment (upon completion)		

**Signatures:**

**CONTRACTOR'S SIGNATURE**

**CLIENT'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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