

# STANDARD BATH ESTIMATES FORM



Job/Customer Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Scope of Work

	Total Cost	Yes	No	Notes if additional hours needed	Hours at \$
Demolition					
Drywall					
Paint					
Flooring					
Trim Work					
Electrical					
Plumbing					
Clean Up					

## Shower Replacement

	Total Cost	Yes	No	Notes if additional hours needed	Hours at \$
36x36 to 48x34					
54x30 to 60x34					
60x36 to 72x48					
Solid Surface					
Accessories					
Window Trim Kit					
Flange Trim Kit					

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## WIT Replacement

	Total Cost	Yes	No	Notes if additional hours needed	Hours at \$
Escape					
Escape/Jetted					
Liberty					
Liberty/Jetted					
Escape Plus					
Escape Plus/ Jetted					
Big E					
Big E/Jetted					
Solid Surface					
Window Trim Kit					
Flange Trim Kit					

Total Quote = \_\_\_\_\_

Total Extra Hours needed = \_\_\_\_\_

Grand Total of Job = \_\_\_\_\_