ESTIMATION FORM



Date Received:	Date Required:
Customer:	Account Name:
lob Name:	Phone:
Site Address:	Email:
	Sales Representative:
	Sales Representative Signature:
FRAMES & TRUSSES/CUT ROOF	
 Prenail	Rafters
Trusses	□BOR
RANDOM SUPPLY	☐ Wind Zone
Notes:	
STANDARD ESTIMATION	
Foundations/Concrete	Floor
Subfloor	
Frame Random	
☐ Midfloor ☐ Roof Framing	
External Linings	
☐ Internal Linings/Insulati	ion
☐ Interior Doors	
Retaining	
Decks	
OTHER ITEMS (for sales rep use)	
□Joinery	□Brick
Roofing	Structural Steel
Kitchen	Ceiling Hatch
Site Services	Bathroom
Clothesline	☐ Fencing ☐ Spouting
Job Notes:	_ · •