

Job Details

Project Type

Notes

My Budget

\$ _____

Desired Completion Date

Contractor Details

	Contractor 1	Contractor 2	Contractor 3
COMPANY NAME			
CONTACT NAME			
EMAIL ADDRESS			
PHONE NUMBER			
APPOINTMENT DATE/TIME			
PRICE ESTIMATE	\$ _____	\$ _____	\$ _____
Includes Materials	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Includes Labor	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Includes Tax	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Warranty	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATE OF INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
WCB CLEARANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFERENCES	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
START DATE			
EST. COMPLETION DATE			
AMOUNT DUE AT SIGNING	\$ _____	\$ _____	\$ _____
AMOUNT DUE AT COMPLETION	\$ _____	\$ _____	\$ _____
NOTES			