

ESTIMATING SHEET



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File No. _____

Name _____ Date _____

Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____

Buyer _____ Job Location _____

Proposed Treatment Area (See reverse for helpful diagrams) _____

Running Feet	Number of Cartridges	Treatment Area Time (in hours)	

Number of Cartridges

_____ @ \$ _____ each

INSURANCE: Worker's Compensation,
 Public Liability and Property Damage

Estimated Costs

\$ _____	Rental Equipment
\$ _____	Material
\$ _____	Labor
\$ _____	Subtotal
\$ _____	Tax
\$ _____	TOTAL

ESTIMATED BY _____