Estimate Detail Form

Company: ____________________ **Estimate #:** ____________ **Estimator:** ____________ **Date:** ________

Job: ____________________ **Estimate due:** ____________ **Checked by:** ____________ **Date:** ________

Address: ____________________

Notes: ________________________________

Job Description: ____________________

CSI Division/Account: ____________________

Item			Material		Manhours		Labor		Equipment		Subcontract		Total
or Description	Qty	Unit	Unit $	Ext $	MH/Unit	MH Ext	MH $	Ext $	Unit $	Ext $	Unit $	Ext $	Cost
Total Direct Costs this sheet			Total Material $		Total Manhours		Total Labor $		Total Equip. $		Total Subcont. $		Total $

Estimate Detail Form ____ of ____