

Exterior Estimate Form

Customer Name: _____

Item	Front	Left	Back	Right			Total Hours
Scraping/Sanding							
Spot Priming							
Caulking							
Wirebrush							
Area Wash							
Misc.							
TOTAL/SIDE							
Siding - Feet							
Siding - Hours							
Eaves/Soffits							
Fascia/Gutters							
Downspouts							
Windows/Trim							
Doors/Trim							
Other Trim							
Garage Door							
Shutters							
Fencing							
Patio Covers							
Misc.							
Misc.							
Set up/ Clean up							
TOTAL/SIDE							

Materials:

Item	Quantity	Price	Total Cost
Materials Total:			

Notes:

Name of area (i.e. trim only): _____

Total labor hours/units: _____

Cost per hour/unit (\$17): _____

Total labor/unit cost: _____

Total materials cost: _____

Miscellaneous cost: _____

Total project cost (to sub): _____

Gross Profit factor (/ .60): _____

Total job price: _____

Gross Profit amount: _____

Subcontractor amount: _____