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ROOFING ESTIMATE

ESTIMATE NO.	INSPECTION DATE	VALID UNTIL	INSPECTED BY

PROPERTY OWNER

Name _____

Property _____

Phone / email _____

ROOFING CONTRACTOR

Company _____

License / ins. _____

Phone / email _____

Roof measurements

Area (SQ)	Waste %	Order (SQ)	Pitch	Stories	Layers off	Eaves+rakes LF	Ridge+hips LF	Valleys LF

Existing roof _____

Decking, vents _____

Materials

Item	Qty	Unit	Unit price	Amount
Materials total				

Labor, disposal and permit

Description	Qty	Unit	Rate	Amount
Labor and other total				

Warranty and terms

Shingle warranty _____

Workmanship _____

Extra decking _____

Payment terms _____

Owner acceptance (sign and date) _____

Contractor (sign and date) _____

Markup and tax

Overhead and profit %	Tax on materials %

Subtotal (materials + labor)	
Overhead and profit	
Sales tax on materials	
ESTIMATED TOTAL	