|  |
| --- |
|  PLUMBING WORK QUOTE |
|  |
| (Company Name) | (Complete Address) | (Contact Number) |
| (Fax Number) | (Email Address) | (Company Website Link) |
|  |
| **Customer Name:** | (Name) |
| **Address:** | (Address) |
| **Company Name:** | (Company Name) |
| **Title:** | (Job Title) |
| **Date:** | (MM/DD/YYYY) |
|  |
| **Plumbing Service Quote** |  |
|  |
| Plumbing Water, Sanitary, Drainage |
| **Labor Charge:** | $0.00 |
| **Regular Days Work:** | Work Days |
| **Regular Time:** | Time |
| **Overtime Work:** | Overtime Days |
| **Overtime Charge/Hr. :** | $0.00 |
|  |
| Back Flow Prevention: |
| **Labor Charge:** | $0.00 |
| **Regular Days Work:** | Work Days |
| **Regular Time:** | Time |
| **Overtime Work:** | Overtime Days |
| **Overtime Charge/Hr. :** | $0.00 |
|  |
| ***Thank You For Your Business!*** |