# Glass Repair Estimate

Business name _____

Business phone and email _____

Business mailing address _____

Customer name _____

Service location _____

Document date _____ Reference _____

Estimate valid until _____

Glass location dimensions and type _____

Frame condition and access _____

Temporary protection and replacement scope _____

| Description | Qty | Rate | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Labor _____ Materials _____ Trip fee _____

Subtotal _____ Tax if applicable _____

Deposit or prior payments _____ Total or balance _____

Scope included and excluded _____

Changes require customer approval before extra work.

Payment schedule and estimate assumptions _____

Customer approval _____ Date _____