

Kitchen Estimate Work

Job Name/# _____ Date _____

Job Phone # _____

Job Location _____

Appointment Date _____ Appointment Time _____ Set By _____

Cabinets		Sink		Carpentry/Other
Decription	Total	Decription	Total	Decription
<input type="checkbox"/> Wood <input type="checkbox"/> Laminate		Manufacturer		Windows
<input type="checkbox"/> Other		Model		Window Casing
Manufacturer		Color		Doors
Model		Single x x		Trim
Type		Double x x		Molding
Color		<input type="checkbox"/> Staneless		Wainscoting
Finish		<input type="checkbox"/> Porcelain		Demolition
Door Style		Faucet		Prep Work
Drawer Style				Other
Hardware		Total		
		Appliances		Total
Total		Range		Decorating
Counter Tops		Oven		Painting
<input type="checkbox"/> Laminate <input type="checkbox"/> Tile		Dishwasher		Wallpapering
<input type="checkbox"/> Marble <input type="checkbox"/> Corian		Refrigerator		Other
<input type="checkbox"/> Other		Microwave		
Manufacturer		Disposer		Total
Model		Other		Accessories
Color				Waist Container
Edging		Total		Roll Out Shelves
Total		Plumbing		Cutting Board
Backsplash		Hook up Sink		Cutlery Drawer
Material		Hook up Disposer		Other
Manufacturer		Hook up Dishwasher		
Style		Other		Total
Color		Total		Debris Removal / Dispi
Total		Electric		
Fascia & Soffit		Fixtures		