

LANDSCAPE ESTIMATE

CONTRACTOR

OWNER

(Contractor's Name)

(Contractor's License Number)

(Contractor's Address)

(City, State & Zip)

(Contractor's Telephone)

(Contractor's FAX)

Email _____
(Contractor's)

(Owner's Name)

(Owner's Address)

(City, State & Zip)

(Owner's Telephone)

(Owner's FAX)

Email _____
(Owner's)

ITEM	MATERIALS/COMMENTS	QTY.	\$	TOTAL
Irrigation				
Lawn/Sod				
Shrubs/Plants				
A. 1 Gal				
B. 5 Gal				
C. 15 Gal				
D. 24 Gal				
E. 36 Gal				
F. 48 Gal				
Misc.				
Misc.				
Specimens				
Flats-Colors				
Ground Cover				
Drains				
Lighting				
Grading & Debris Removal				
Soil Prep./Fertilizers				
Header Board				
Misc.				
Other				
GRAND TOTAL				