



Date	
Contractor	Phone
Address	City/State/Zip
Consumer	Phone
Address	City/State/Zip

Weight capacity of ceiling track lift: # of pounds	Consumer Weight: # of pounds
---	---------------------------------

**1. Permits** Check permits required.

Building		None
Electrical		None
Misc.		None

**2. Material/Equipment**

Itemize any items over \$100	
Demolition/debris removal	\$
Lift/motor/charger/hand control	\$
Slings	\$
Track/supports/supplies	\$
Lumber (for construction)	\$
Electrical supplies	\$
Travel	\$
Equipment rental	\$
Miscellaneous (permits, etc.)	\$
Miscellaneous	\$
	\$
<b>Total</b>	<b>\$</b>

<b>3. Labor</b>	
<b>Total</b>	<b>\$</b>

<b>Waiver</b>	\$
<b>Medicaid</b>	\$
<b>Project Total</b>	<b>Quote \$</b>

Signature	
Quote good for 60 days unless otherwise noted	
<b>Estimated date:</b>	
<b>Start</b>	<b>Completion</b>