



Assistive Technology Partnership-Standard Quote Form-Misc.

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

1. Permits Check permits required.

Building		None
Electrical		None
Plumbing		None
HVAC (where required)		None
Misc.		None

Weight capacity of any items listed below in Project Costs:
of pounds

Consumer weight:
of pounds

2. Project Costs

Itemize any items over \$100

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Misc. (permits, etc.)	\$
	\$
Total	\$

3. Labor **Total** **\$**

Total Cost of Project

Quote **\$**

Signature	
Quote good for 60 days unless otherwise noted	
Estimated date:	
Start	Completion