

# PROJECT ESTIMATE

Client Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 apt, unit \_\_\_\_\_  
 City, ZIP \_\_\_\_\_  
 E-mail: \_\_\_\_\_



*Alonso & Son*

**General Contractor**

Office: 786-534-3555

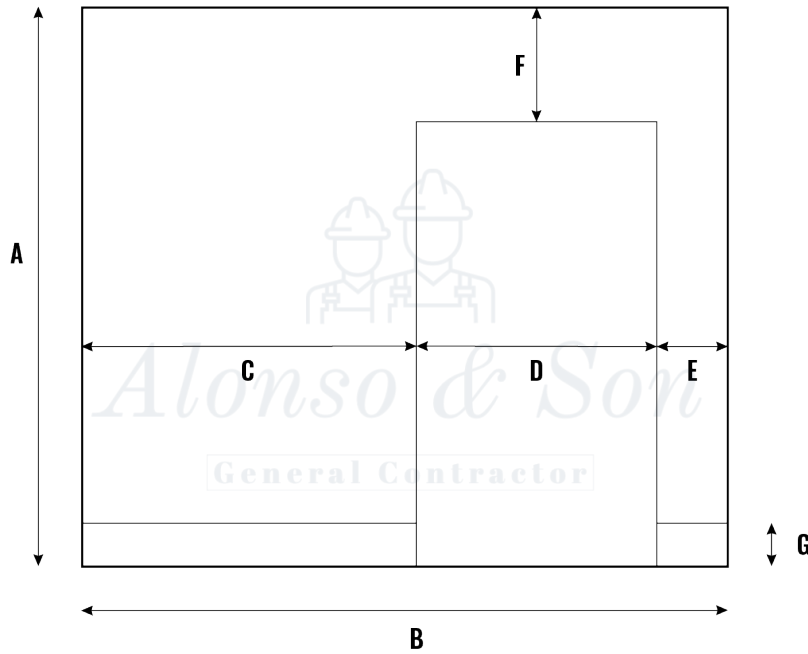
Cell: 305-216-3686

Address: 9190 NW 119th St. #5

Hialeah Gardens, FL 33018

E-mail: sales@alonsoandson.com

*Type: Wall with Door Elevation*



Wall Name	Measurements	
	Feet	Inches
A		
B		
C		
D		
E		
F		
G		

*Disclaimer: The information and measurements requested are only for cost estimate purposes. Final measurements will need to be verified by vendor. Final price may vary after measurements and materials selections. We will not be legally or financially responsible for discrepancies in a project with information provided by customers or other contractors. Written approval will be requested in case the customer or contractor chooses to override our measuring services. All material colors and textures may vary from sample.*