Moving Services Fee Proposal

Date: [_____]

Client Name: [_____]

Contact Information: [_____]

Service Details

Description	Quantity	Unit Price	Total
[____]	[____]	[____]	[____]
[____]	[____]	[____]	[____]

Subtotal: [_____]

Tax (%): [_____]

Total: [_____]

Remarks/Notes

[   ]

Prepared by: [_____]

Authorized Signature: [_____]