

Strategic Consulting Quotation

Date: _____

Company Name

Address Line 1

Address Line 2

Contact: _____

CLIENT DETAILS

Client Name:

Organization:

Contact:

Email:

PROJECT OVERVIEW

SERVICE BREAKDOWN

| DESCRIPTION | QUANTITY/HOURS | RATE | AMOUNT |
|-------------|----------------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Subtotal: _____

Taxes: _____

Total: _____

NOTES & TERMS

Authorized Signature

Client Signature