

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