

# Logistics Delivery Quotation

## Transport Company

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

## Client Details

Client Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Quotation No.: \_\_\_\_\_

Date: \_\_\_\_\_

Valid Until: \_\_\_\_\_

## Delivery Details

| Pickup Location | Delivery Location | Pickup Date | Delivery Date |
|-----------------|-------------------|-------------|---------------|
| _____           | _____             | _____       | _____         |

## Shipment Information

| Description | Units | Weight (kg) | Dimensions (LxWxH) |
|-------------|-------|-------------|--------------------|
| _____       | _____ | _____       | _____              |

## Charges Breakdown

| Service        | Unit Price | Quantity | Total |
|----------------|------------|----------|-------|
| Transportation | _____      | _____    | _____ |
| Fuel Surcharge | _____      | _____    | _____ |
| Handling       | _____      | _____    | _____ |
| Other          | _____      | _____    | _____ |
| Total Amount   |            |          | _____ |

## Payment Terms & Notes

Payment Terms:

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Additional Notes:

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Client Signature:

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Name/Date: \_\_\_\_\_

Authorized Company Representative:

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Name/Date: \_\_\_\_\_