

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
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Shipment Information

Description	Units	Weight (kg)	Dimensions (LxWxH)
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Charges Breakdown

Service	Unit Price	Quantity	Total
Transportation	-----	-----	-----
Fuel Surcharge	-----	-----	-----
Handling	-----	-----	-----
Other	-----	-----	-----

Payment Terms & Notes

Payment Terms:

Additional Notes:

Client Signature:

Name/Date: _____

Authorized Company Representative:

Name/Date: _____