

# Consulting Services Quotation

## Contractor Information

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

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

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

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

## Client Information

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

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

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

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

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

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

## Scope of Services

[Brief description of the consulting services to be provided]

## Quotation Details

Description	Hours / Qty	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal			_____
Tax (%)			_____
Total			_____

## Terms & Conditions

- Payment terms: \_\_\_\_\_
- Validity: \_\_\_\_\_
- Other terms: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Contractor)

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

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Authorized Signature (Client)

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