

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: _____

Authorized Signature (Client)

Date: _____