

# Consulting Services Quotation

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

Quotation #: \_\_\_\_\_

**Prepared For:**

Client Name  
Client Company  
Address Line 1  
Address Line 2  
Email: \_\_\_\_\_

**Prepared By:**

Consultant Name  
Consulting Firm Name  
Address Line 1  
Address Line 2  
Email: \_\_\_\_\_

Service Description	Hours/Units	Rate	Total
_____	____	____	____
_____	____	____	____
<b>Grand Total</b>			____

**Notes / Terms:**

- Payment due within \_\_\_\_\_ days of invoice date.
- Services valid for \_\_\_\_\_ days from quotation date.
- Additional terms: \_\_\_\_\_

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Client Signature & Date

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Consultant Signature & Date