

# Medical Equipment Lease Quotation

**Quotation No:**

**Date:**

**To:**

**Company:**

**Contact:**

## Equipment Details

Item Description	Model	Quantity	Monthly Lease Rate	Duration (Months)	Total

**Subtotal:**

**Taxes:**

**Grand Total:**

## Terms & Conditions

- Lease rates include standard maintenance and support.
- Delivery and installation charges may apply.
- Payment is due monthly in advance.
- Quotation is valid for 30 days from the date issued.

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Authorized Signature

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Date