

Document Printing Quotation

Quotation No.: _____

Date: _____

Customer Name: _____

Contact: _____

Company: _____

Email: _____

Address: _____

Printing Details

Description	Size	Pages	Quantity	Unit Price	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Subtotal: _____

Tax (___ %): _____

Total Amount: _____

Terms & Conditions

- Prices are valid for ___ days from the quotation date.
- Payment terms: _____.
- Delivery time: _____.
- Any changes may affect the quotation.

Authorized Signature

Name: _____

Designation: _____

Customer Signature

Name: _____

Date: _____