

Supplier Quotation Form

Supplier Name:

Contact Person:

Email:

Phone:

Date:

Item Description	Qty	Unit Price	Total	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grand Total:

Payment/Delivery Terms:

Notes:

Authorized Signature (Supplier) _____

Date _____