

[Insert Company Name]

QUOTATION

ABN: [insert ABN]

[Company Contact Person]

[Company Address]

Phone [Phone Number]

Fax [Fax Number]

QUOTE [QUOTE NUMBER]

ISSUE DATE: [QUOTE ISSUE DATE]

EXPIRY DATE: [QUOTE EXPIRY DATE]

TO:

[Name]

[Street Address]

[Suburb STATE Post Code]

[Phone Number]

Address (where works are to be carried out):[enter client property address details]

Expected Commencement DATE of works: [commencement date]

Expected completion DATE of works: [completion date]

| QUANTITY | DESCRIPTION | UNIT PRICE | GST | TOTAL |
|----------|-----------------------------|------------|-----|-------|
| | [Complete All Table Fields] | | | |
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Payment terms and conditions: [eg strictly 7 days, payment on completion, etc.]

Northern Territory Government Biz Secure Program voucher will be accepted as payment, subject to Program Terms and Conditions, available at

www.bizsecure.nt.gov.au.

SUBTOTAL (EX
GST)

GST

TOTAL DUE

Third Party Sub-Contractor Details

| | | | |
|---------------|--------------|--------------|-------|
| Business Name | Contact Name | Phone Number | Email |
| Business Name | Contact Name | Phone Number | Email |
| Business Name | Contact Name | Phone Number | Email |
| Business Name | Contact Name | Phone Number | Email |

If you have any questions concerning this quote, contact: [Insert Name] at [Phone Number] or [Email Address]

THANK YOU FOR YOUR BUSINESS!