

[Insert Company Name]

ABN: [insert ABN]

QUOTATION

[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 HOME RENOVATION GRANT PROGRAM voucher will be accepted as payment, subject to Program Terms and Conditions, available at <https://nt.gov.au/property/homeowner-incentives/first-home-owners/home-renovation-grant>

SUBTOTAL
(EX GST)

GST

TOTAL DUE

For Home Renovation Grant Program Purposes Only

| Description | Price (ex GST) |
|--|----------------|
| Total value of goods/materials | [insert price] |
| Total value of remainder (inc. labour) | [insert price] |

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

THANK YOU FOR YOUR BUSINESS!