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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [Insert Company Name]  ABN: [insert ABN]  [Company Contact Person]  [Company Address]  Phone [Phone Number]  Fax [Fax Number] | | | | Quotation | | | | | |
| 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 Alcohol Secure Program voucher will be accepted as payment, subject to Program Terms and Conditions, available at* nt.gov.au/alcoholsecure | | | | | | |  | 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! | | | | | | | | | | |