|  |  |
| --- | --- |
| [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! |