

# Office Supplies Quotation Form

Company Name:

Contact Person:

Email:

Phone Number:

## Items to be Quoted:

| Item Description     | Quantity             | Unit                 |
|----------------------|----------------------|----------------------|
| <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"/> |

Additional Notes:

Request Quotation