

# Electrical Testing Quotation

Date:

Quotation No.:

## Client Information

Company Name:

Address:

Contact Person:

Phone Number:

Email:

## Scope of Work

## Quotation Details

Item Description	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:

Tax (%):

Grand Total:

## Terms and Conditions

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_