

Office Supplies Supply Quotation

Date:

Quotation No.:

To:

| Item No. | Description | Unit | Quantity | Unit Price | Total |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| Grand Total: | | | | | <input type="text"/> |

Prepared by:

Contact Number:

Email: