

Medical Supplies Quotation Sheet

Supplier Information

Supplier Name:	<input type="text"/>	Quotation Date:	<input type="text"/>
Contact Person:	<input type="text"/>	Contact Number:	<input type="text"/>
Email:	<input type="text"/>		

Customer Information

Customer Name:	<input type="text"/>	Reference No.:	<input type="text"/>
Address:	<input type="text"/>		

Quotation Items

No.	Description of Item	Quantity	Unit	Unit Price	Total Price
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total:					<input type="text"/>

Terms and Notes

<input type="text"/>

Prepared By:	Approved By:
<input type="text"/>	<input type="text"/>