Quotation Template

**Supplier:**  **Address:**

**Contact:**  **ABN:**

**Quote#** **Date:**

**E-mail:** **BHS Vendor Registration no.:**

 If you are not a registered Vendor please fill [vendors form](http://swep.bhs.org.au/library/file/76/Vendor_Details_Form.pdf)

**Client: Client Address**

**Contact:**  **Delivery Instructions:**

**Estimated Delivery Timeframe:** **Do all iteme meet relevant Aust Standards or Equivalent?**

(no of days to deliver item) **Yes**

 **No**

**Is the item/s required to be registered with the TGA? Yes** **☐ No ☐**

**Practitioner:** **Practitioner e-mail:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Suppliers code** | **Description** | **Qty** | **Unit Price** | **GST** | **Total** |
|  |  |  | $ | $ | $ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Inst | Installation / Set up (if applicable) |  |  |  |  |
| Del | Delivery  |  | $ | $ | $ |
|  |  | **Total** | **$** | **$** | **$** |

**Items not funded by SWEP should be included in Discretionary Section**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Discretionary** | **Description** | **QTY** | **Unit Price** | **GST** | **Total** |
|  |  |  | $ | $ | $ |

**Life Expectancy of Equipment:**

**THIS QUOTE IS VALID FOR A MINIMUM 90 DAYS**

**Warranty details for all equipment components to be included on quote & invoice.**

**Non-customised equipment should be delivered within 10 working days. Should equipment exceed the above delivery timeframe by 10 working days, please contact SWEP to advise of ETA for delivery.**