

Quotation Template



State-wide Equipment Program

Supplier: Click here to enter text.

Address: Click here to enter text.

Contact: Click here to enter text.

ABN: Click here to enter text.

Quote# Click here to enter text.

Date: Click here to enter text.

E-mail: Click here to enter text.

BHS Vendor Registration no.: Click here to enter text.
If you are not a registered Vendor please fill [vendors form](#)

Client: Click here to enter text.

Client Address: Click here to enter text.

Contact: Click here to enter text.

Delivery Instructions: Click here to enter text.

Estimated Delivery Timeframe:

Do all items meet relevant Aust Standards or Equivalent?

(no of days to deliver item)

Yes

Click here to enter text.

No

Prescriber: Click here to enter text.

Prescriber e-mail: Click here to enter text.

Suppliers code	Description	Qty	Unit Price	GST	Total
XXX-XX	Reclining Mobile Shower commode c/w Full stainless steel rigid frame Swing away adjustable footplates, Stainless steel pan and carrier, Open front special padded seat and Swing back arm	1	\$3136.60	\$	\$
Inst	Installation / Set up (if applicable)				
Del	Delivery	1	\$40.00	\$4.00	\$44.00
		Total	\$3176.60	\$4.00	\$3,180.60

Items not funded by SWEP should be included in Discretionary Section

Discretionary Item	Description	QTY	Unit	GST	Total
XXX-XX		1	\$	\$	\$

Life Expectancy of Equipment: Click here to enter text.

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.