

Quotation Template



State-wide Equipment Program

Supplier: _____ **Address:** _____
Contact: _____ **ABN:** _____
Quote# _____ **Date:** _____
E-mail: _____ **BHS Vendor Registration no.:** _____
 If you are not a registered Vendor please fill [vendors form](#)

Client: _____ **Client Address:** _____
Contact: _____ **Delivery Instructions:** _____
Estimated Delivery Timeframe: _____ **Do all items meet relevant Aust Standards or Equivalent?**
 (no of days to deliver item) **Yes**
No

Prescriber: _____ **Prescriber 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.