

# 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		\$	\$	\$
		<b>Total</b>	\$	\$	\$

**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.**