



Quotation Form

4 th Floor Mannan Plaza ,Khilkhet,Dhaka-1229

Date: 27-Apr-2021

SL No: 00002

QUOTATION FORM

| | |
|---------------------------|--|
| Name Of Company: | |
| Address: | |
| Pin Or Equivalent: | |

Kindly provide a quotation for the following goods:

| Completed by HOR | | | To be Completed by supplier | | |
|------------------|------|----------|-----------------------------|----------|-----|
| Description | Unit | Quantity | Unit Price | Discount | Net |

| | |
|-----------------------------------|---|
| For HOR: | For Supplier: |
| Expected date of delivery: | Expected date of delivery: |
| Place of delivery: | Quotation guaranteed for (No days/mths): |
| Signature and stamp: | Signature and stamp: |
| Date: | Date: |