Your business name

# REQUEST FOR QUOTE

Address

Phone / email

License #

No.

Date

Quotes due by

**SUPPLIER**

**PROJECT / JOB SITE**

## SCOPE

## REQUIREMENTS

## HOW TO RESPOND

| DESCRIPTION | QTY | UNIT | UNIT PRICE | AMOUNT |
|---|---|---|---|---|
| Ergonomic task chair, mesh back, adjustable arms | | ea | | |
| Height-adjustable desk 60 x 30 in. | | ea | | |
| Reception desk with ADA section | | ea | | |
| Delivery, assembly and packaging removal | | job | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Payment terms**

**Notes**

Subtotal

Sales tax (taxable lines only)

**TOTAL (USD)**

Please complete, sign and return by the date above.

Signature

Printed name and title

Date