[Company Name]

[Registered Address]
[Street Name]
Phone:

QUOTATION

#		QTY (No. Of Staffs)	RATE (Per Staff)	TOTAL (Per Day)	TOTAL (Per Month)
1	Morning Shift	15			
2	Afternoon Shift	10			
3	Night shift	5			
4	Additional Staff	1			
		ALL SHIFTS TOTAL			
		GST			
		TOTAL			

Important Notice

✳ *Please note that it is the resposibility of the vendor to make sure all value, formulas are correct.*