

[Company Name]

QUOTATION

[Registered Address]

[Street Name]

Phone:

QUOTATION

DATE:

QUOTATION #:

#	Description	Rate Per Pax
1	Breakfast	
2	Lunch	
3	Afternoon Tea	
4	Dinner	
		SUB TOTAL
		GST
		GRAND TOTAL

Important Notice

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