Your Company Name Pvt. Ltd.

Address line 1, Address line 2, City - PIN, State GSTIN: 27ABCDE1234F1Z5 PAN: ABCDE1234F

Email: sales@yourcompany.com Phone: +91 98xxxxxx90

QUOTATION

Date: DD MMM YYYY

Quote No.: Q-YYYY-XXX

Valid Till: DD MMM YYYY

Bill To

Customer Name

Address line 1, Address line 2

City - PIN, State

GSTIN: XXAAAA0000A1Z5 Contact: +91 9xxxxxxxx

Ship To

Receiver Name (if different)

Address line 1, Address line 2

City - PIN, State

Contact: +91 9xxxxxxxxx

Quotation Details

Reference: [Your Ref] Salesperson: [Name] Payment Terms: Net 15 Delivery: 7-10 days

S.No	Item / Description	HSN/SAC	Qty	UoM	Unit Price	(Disti nia ST
		This i	s a compu	ter-generated	document. Pac	je 1

Totals Subtotal (Excl. GST):