		Interi	or Q	uotati	ion		
Bill No.: Name of Clier Address:		Quote No.: Company Representative: Quotation Date: Address:					
Email: Phone:							
Section - A							
Sl. No.	Item Name	Sub Item Name	Hight in mm	Width in mm	Square mm	Price/ Sq mm	Total Price
I			Sub-to	tal Exclu	dina GST		
					GST @%		
					GST @%		
			Sub-t	otal Includ			
			Section			! <u>- 1</u>	
Sl. No.	Billing Heads	Sub Item Name	Unit	Quantity	Price /Unit	GST (%)	Amount
					CP .	Total	
					Sub Total Excluding GST		
Amount In Words:					CGST		
					@% SGST		
					@%		
					Sub-total		
					Including GST		
					Total Discount:		
					Amount Paid:		
					Final A	mount:	
Client's Signature					Business Signature		