

MANPOWER SUPPLY QUOTATION

Quotation No.:		Date:		Validity:		
SERVICE PROVIDER DETAILS						
Company Name:		Contact Person:		Phone No.:		Email ID:
Address:		GSTIN:		Website:		Location:
CLIENT DETAILS				ASSIGNMENT BRIEF		
Client / Company:		Contact Person:		Phone / Email:		Work Site:
Billing Address:				Duration:		Shift Pattern:
Client GSTIN / PO Reference:				Billing Cycle:		Uniform / ESI / PF:
Manpower Category		No. of Personnel		Duty Hours / Shift		Deployment Start
RATE SCHEDULE						
Category / Position		Qty	Shift / Hours		Rate / Person	OT / Addl.
SCOPE / INCLUSIONS					Sub Total	
					GST / Tax	
Amount in Words:					Grand Total	
Payment Terms		Attendance / Billing Basis			Replacement / Relief Policy	
Special Notes / Exclusions			Statutory Compliance		Service Location / Deployment Area	
Prepared By		Authorized Signatory			Client Acceptance	
Name / Signature / Date:		Name / Signature / Date:			Name / Signature / Date:	

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