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| --- |
| **Painting Quotation** |
|  Address: Phone No.:Email ID:GSTIN: |
| **Company Name** |
| Bill To: |
| Client Name: | Quote No.: |
| Address: | Date: |
|   | Valid for: |
| Phone No.: | Payment Due Date: |
| Email ID: | Payment Mode: |
| GSTIN: |   |
| Sl. No. | Description | Unit | Quantity | Price /Unit | GST (%) | Amount |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|   | **Sub Total** |  |
| Amount In Words: | Discount: |   |
| **Final Amount:** |  |
| Amount Paid: |   |
| Balance: |   |
| Terms and Conditions |
|   |
| Client's Signature | Business Signature |
|

