TRANSPORTATION QUOTATION

Quote No:
Date:

TRANSPORTER / SERVICE PROVIDER

Company Name:	
Address:	
Validity:	
GSTIN:	
Phone / Email:	

CUSTOMER / CONSIGNOR DETAILS

Customer / Company:	
Billing Address	
GSTIN:	
Phone / Email:	

ROUTE DETAILS

From:		To:	

Vehicle Type	Goods / Material	No. of Trips / Vehicles

Approx. Load / Weight	Distance	Service Type	Transit Time

FREIGHT CHARGE SCHEDULE

Charge Type	Basis	Qty / Distance	Rate	GST %	Amount

Payment Terms	Loading / Unloading	Insurance / Risk	Delivery Terms

Amount in Words:	Sub Total	
	GST / Tax	
	Grand Total	

REMARKS / SPECIAL CONDITIONS

Authorized Signatory	**Customer Acceptance**