|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Construction Material Quote | | | | | | |
|  |  | | | | | |
| (Construction Company) | Quote No.: | | (236543) | | | |
| (Company Slogan) | Date: | | (Enter a date) | | | |
|  |  | | | | | |
| (Address) |  | | | | | |
| (Phone Number) |  | | | | | |
| (Email Address) | (Website) |  | | | | | |
|  | | | | | | |
|  | | | | | | |
| Company Information | Client Information | | | | | |
| (Company Name) | Con. Start Date: | | | | (12/06/2022) | |
| (Contact Number) | Con. Deadline: | | | | (28/02/2023) | |
| (Email Address) | Quote For: | | | | (Dr. Drew Smith) | |
|  |  | | | | | |
| **Construction Material Required** | | | | | | |
| **Description** | | **Quantity** | | **Unit Price** | | **Total Cost** |
| Steel Framing Sys. | | 0 | | $0 | | $0 |
| Purlin | | 0 | | $0 | | $0 |
| Cladding Rails | | 0 | | $0 | | $0 |
| Elevator | | 0 | | $0 | | $0 |
| Escalator | | 0 | | $0 | | $0 |
|  | |  | | **Subtotal** | | **$0.00** |
|  | |  | | **Tax%** | | **$0.00** |
|  | |  | | **Total Amt.** | | **$0.00** |
|  | | | | | | |

