Telephone Quotation Form

Requisition/Bid Number} Bid Required by (date & time)	
Requesting Centre	
Commodity	
Buyer	
Required Delivery Date	
Ship to Address (FOB) City State Postcode	

Item No.	Qty	Unit	Specifications

1300 555 222 hiflexphysio.com.au 222 Wandoo St Brisbane 4000

BIDDER 1: Company: _____ Contact: _____	**BIDDER 2:** Company: _____ Contact: _____
Telephone Number: _____	Telephone Number: _____
Fax Number: _____	Fax Number: _____
Quote Date: _____	Quote Date: _____

Product Quoted	Unit $	Total	Product Quoted	Unit $	Total

TOTAL PRICE	
PURCHASE ORDER	