EQUIPMENT PRESCRIPTION FORM QUOTE TEMPLATE

TRANSPORT ACCIDENT COMMISSION

Supplier details

Name :	Address:
Contact person name:	Phone/Fax/email:
Quote number:	Date quote is valid to:

Client details

Name:	Delivery address:
Claim number:	Contact person details:

Prescriber details

Name:	Address:
Discipline:	Phone/Fax/email:

Delivery details

Delivery instructions:	Estimated delivery timeframe:

Equipment details

Item code	Equipment description (including warranty details)	Qty/	Unit Price	GST	Total
	Labour for building customised item (in hours if required)				
	Installation/set up (in hours if required)				
	Delivery				
		Total			

Failure to provide the required standardised quote information will result in the *Equipment Prescription Form* being returned.

State Government Victoria