

A THE RESIDENCE

QUOTATION REQUEST

QR-

Form- year / seq.nr. / project code (YY/NNN/PPP)

FROM:		TO:	SHIP TO:		INVOICE TO:			Project: Ref. Origin: Total items: Currency: Tot. est. Value:	0 EUR 0	
Date sent:		Date received	l: Req. del. da	Req. del. date:					Transport:	
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Item	Code	Des	scription	QTY	Quoted Unit price *	Quoted Value *	Available QTY *	Est. lead time *	Remarks	
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Remark	s:			•	* to be filled in by	Supplier				
	Name: Signature:	Supply Responsible	Content Responsible		Project Respo	nsible		Coordination Resp	oonsible	