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| --- |
| **IT Consulting Quotation** |
|  |  |
| Project Name: |   |
| Estimate #: |   |
| Issue Date: |   |
| Valid Till: |   |
|  |
| **To:** | **From:** |
| [Client Name] | [Company Name] |
|  [Address] |  [Address] |
| [Contact Number] | [Contact Number] |
| [Email-id] | [Email-id] |
|  |
|  **Description Of Work Performed**  | **Hours** | **Rate** | **Total** |
| IT Assessments | 1 | 120 | Rs.120.00 |
| Compliance | 1 | 150 | Rs.150.00 |
| Disaster Recovery Planning | 1 | 300 | Rs.300.00 |
| CTO Services | 1 | 140 | Rs.140.00 |
|   |   |   | Rs.0.00 |
|   |   |   | Rs.0.00 |
|  |   |   | Rs.0.00 |
|   |   |   | Rs.0.00 |
| **Card Payment:**Master Card, Visa Card |  |  | **Subtotal** | **Rs.710.00** |
|  |  | **GST @ 18 %:** | **Rs.35.50** |
|  |  |  |  | **Total** | **Rs.745.50** |