# IT Consulting Quotation

Project Name: _____

Estimate #: _____

Issue Date: _____

Valid Till: _____

**To:**
[Client Name]
[Address]
[Contact Number]
[Email-id]

**From:**
[Company Name]
[Address]
[Contact Number]
[Email-id]

| Description Of Work Performed | Hours | Rate | Total |
|---|---|---|---|
| IT Assessments | 1 | 120 | Rs.120 |
| Compliance | 1 | 150 | Rs.150 |
| Disaster Recovery Planning | 1 | 300 | Rs.300 |
| CTO Services | 1 | 140 | Rs.140 |
| | | | Rs.0 |
| | | | Rs.0 |
| | | | Rs.0 |
| | | | Rs.0 |

**Card Payment:**
Master Card, Visa Card

| | |
|---|---|
| **Subtotal** | **Rs.710** |
| **GST @ 18 %:** | **Rs.35.50** |
| **Total** | **Rs.745.50** |