



REQUEST FOR QUOTATION

RECORD OF PREVIOUS EXPERIENCE

Description of Works	
Project Title :	
High level project description:	
Client :	
Contract No. :	
Contract Value (excl. VAT) :	
Role ^(Note 1) :	
Award Date :	
Completion Date :	
Location of Works :	
Project Manager :	
Construction Manager :	
Contact Details of Reference at Client Company	
Name :	
Position Held :	
Tel :	Cell :
Fax :	email :
<small>Note 1 – Role refers to the Contractor’s responsibility w.r.t. the claimed experience. For example Single Contractor, Main Contractor but with electrical sub – contractor, Sub – contractor for civil construction etc.</small>	

Description of Works	
Project Title :	
High level project description:	
Client :	
Contract No. :	
Contract Value (excl. VAT) :	
Role ^(Note 1) :	
Award Date :	

Completion Date :
Location of Works :
Project Manager :
Construction Manager :
Contact Details of Reference at Client Company
Name :
Position Held :
Tel : Cell :
Fax : email :
Note 1 – Role refers to the Contractor's responsibility w.r.t. the claimed experience. For example Single Contractor, Main Contractor but with electrical sub – contractor, Sub – contractor for civil construction etc.

Description of Works
Project Title :
High level project description:
Client :
Contract No. :
Contract Value (excl. VAT) :
Role ^(Note 1) :
Award Date :
Completion Date :
Location of Works :
Project Manager :
Construction Manager :
Contact Details of Reference at Client Company
Name :
Position Held :
Tel : Cell :
Fax : email :
Note 1 – Role refers to the Contractor's responsibility w.r.t. the claimed experience. For example Single Contractor, Main Contractor but with electrical sub – contractor, Sub – contractor for civil construction etc.

PROJECT PROGRAMME

The total duration of the work is: (tick applicable option)	<input type="checkbox"/> Once off Expected delivery date: _____	<input type="checkbox"/> Short/Medium Term _____ days _____ months
--	--	---

TASK NO	TASK NAME	DURATION <small>(number of days)</small>	START DATE	FINISH DATE	RESOURCES	COMMENTS

Name of Supplier: _____

Signed by or on behalf of Supplier: _____

Date: _____