Residential Villa Construction Bill of Quantities Submission

Proi	ect	De	tail	S
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Project Name	
Location	
Client	
Consultant	
Date	

Bill of Quantities

Item No.	Description of Work	Unit	Quantity	Unit Rate	Total Amount	Remarks
Grand Total						

			Grand Total	
Notes / Spe	ecial Instructions			
Submitted By	:			
Name: Title/Position: Organization: Date:				
Signature:				
Reviewed/Ap	proved By:			
Name: Title/Position: Organization: Date:				
Signature:				