**FINANCE DEPARTMENT**

**Address : P.O. Box 15**

 **Estcourt**

 **3310**

**Telephone : (036) – 342 7800/46/45**

**Fax No :**

**INKOSI**

**LANGALIBALELE**

**MUNICIPALITY**

**UMKHANDLU INKOSI**

**LANGALIBALELE**

Dear Sir / Madam

# REQUEST FOR WRITTEN OR VERBAL QUOTATIONS

**Under R30000.00 REQ/REF 0646**

Kindly furnish me with a written quotation for the supply of the goods/services as detailed in the enclosed schedule.

The quotation must be submitted on the letterhead of your business and can either be faxed to or emailed to phiwokuhle@ilm.gov.za or hand delivered to Civic Building, Victoria street 3310 not later than 27 January 2017

The following conditions will apply:

* Price(s) quoted must be valid for at least thirty (30) days from date of your offer.
* Price(s) quoted must be firm and must be inclusive of VAT.
* A firm delivery period must be indicated.

Failure to comply with these conditions may invalidate your offer.

Yours faithfully

Phiwokuhle

(SCM Clerk)

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| --- |
| **FOR OFFICE USE:** |
| Suppliers Selected for quotations as per SCM policy: |
| **Supplier** | **Tel No** | **Fax No** | **Contact Person** |
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**SCHEDULE**

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| **QUANTITY** | **DESCRIPTION** |
|  |  |
| 1 | Heavy duty for (100sht) |
|  | With extended arm for ease of operation self-catering guide |
| 1 | Heavy duty staple (160 shts paper) |
|  | With front end jam cleaning mechanism  |
| 10 | Boxes ¼ staples |
| 10 | Boxes 3/8 staples |
| 10 | Boxes ½ staples  |
| 10 | Boxes ¾ staples  |
| 2 | Pack C’Ds blank |
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DELIVERY ADDRESS:

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Estcourt

3310