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**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 3511**

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 29 March 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** |
| 30 | Hand cleaner liquid |
| 50 | Toilet brush |
| 30 | Feather dust |
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DELIVERY ADDRESS:

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Estcourt

3310