**INKOSI LANGALIBALELE**

**FINANCE DEPARTMENT**

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

**Estcourt**

**3310**

**Telephone: (036) – 342 7800/45/46**

**Fax No:**

**MUNICIPALITY**

**UMKHANDLU INKOSI**

**LANGALIBALELE**

Dear Sir / Madam

# REQUEST FOR FORMAL WRITTEN PRICE QUOTATIONS

**(Over R30 000.00 up to a transaction value of R200 000.00 VAT included)**

**REF: stores**

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 or hand delivered by no later than 23 August 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.
* This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Preferential Procurement Policy Framework Act (No 5 of 2000) and for this purpose the enclosed forms MBD 2(Tax Clearance Certificate), MBD 4 (Declaration of interest form) & MBD 6.1(Preference point claim form) must be scrutinized, completed and submitted together with your quotation.
* The successful provider will be the one scoring the highest points.

NB: No quotations will be considered from persons in the service of the state[[1]](#endnote-1)

Failure to comply with these conditions may invalidate your offer.

Yours faithfully

## SCHEDULE

|  |  |
| --- | --- |
| **QUANTITY** | **DESCRIPTION** |
| 50 000 | Refuse bags 40 mic |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

DELIVERY ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **\*** MSCM Regulations: “in the service of the state” means to be –

   a member of –

   any municipal council;

   any provincial legislature; or

   the national Assembly or the national Council of provinces;

   a member of the board of directors of any municipal entity;

   an official of any municipality or municipal entity;

   an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);

   a member of the accounting authority of any national or provincial public entity; or

   An employee of Parliament or a provincial legislature.

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

   [↑](#endnote-ref-1)