****

**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 000073**

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 086 457 4121 or emailed to nompilo@ilm.gov.za or hand delivered to Civic Building, Victoria street 3310 not later than 05 October 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

Nompilo

(SCM Clerk)

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

**SCHEDULE**

|  |  |
| --- | --- |
| **QUANTITY** | **DESCRIPTION** |
| 1 | Repairs Bell TLB NE 25501 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

+

DELIVERY ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Civic building, Victoria Street

Estcourt

3310