

Hild Main Street
Medicate
PH Box 16,
Medicate, 47(8)
346 939 257 3133,
Page 119 257 3173

## **REQUEST FOR QUOTATION**

		LACEO		N WOOTA	11014			
SUPPLIER NAME						TEL.		
DATE:-		ATT:				FAX:		
below. The	h the Matatiele Local Mu quotation must be submit sealed envelope and reti	ted on the	e letter	head of you	ur business	and can ei	ither be faxed o	or delivered
The following	ng conditions will apply	:						
No Late Submissions will be entertained.								
<ul> <li>Prices must be inclusive of VAT and be firm for 30 days</li> <li>A firm delivery period must be indicated</li> </ul>								
Failure to comply with these conditions may invalidate your offer.								
DESCRIPTION / SPECIFICAT		TIONS		QTY	UNIT PRICE		PRICE EXCL VAT	
					R	С	R	С
	LIVER OF 50 BLACK BAGS OF C FMUNICIPAL STORES	EMENT TO B	BE	50				
					•			
				VAT				
				TOTAL	. INCLUSIV	E		
								1

SUPPLIERS REPRESENTATIVE / AUTHORISED SIGNATORY

SUPPLIERS STAMP