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REQUEST FOR QUOTATION

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SUPPLIER I	NAME				TEL.		
DATE:-		ATT:			FAX:		
Dear Sir / M Kindly furnis below. The	h the Matatiele Local Mu quotation must be submit sealed envelope and retu	nicipality w	letterhead of yo	ur business	ne supply c and can ei	ther be faxed o	or delivered
No LangePriceA firmFailure to ce	ng conditions will apply ate Submissions will be eas must be inclusive of VAn delivery period must be comply with these conditions.	ntertained. T and be f indicated iions may	irm for 30 days invalidate your			PDIO	_
DES	SCRIPTION / SPECIFICA	TIONS	QTY	QTY UNIT PRICE		PRICE EXCL VAT	
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UNDETECTAB WORLD AIDS I	GS FOR WORLD AIDS DAY (WRI' LE=UNTRANSMITTABLE-HIV ENI DAY WILL BE ON THE 21 NOVEM BELIVERED AT MEGGIE RESHA E	D WITH ME) IBER 2023 ST	200 EEL				
			VAT	. INCLUSIV	Έ		
SUPPI	IERS REPRESENTATIV	E / AUTHO	DRISED SIGNAT	ORY	SUPPI IFF	RS STAMP	