

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

REQUEST FOR QUOTATION

		LKOLS	I FOR	QUUIA	IION			
SUPPLIER	NAME					TEL.		
DATE:-		ATT:				FAX:		
Dear Sir / Madam Kindly furnish the Matatiele Local Municipality with a written quotation for the supply of the services as detailed below. The quotation must be submitted on the letterhead of your business and can either be faxed or delivered by hand in a sealed envelope and returned to the Supply Chain Office by no later than: 09:00 hours on 20 October 2023								
 The following conditions will apply: No Late Submissions will be entertained. Prices must be inclusive of VAT and be firm for 30 days A firm delivery period must be indicated Failure to comply with these conditions may invalidate your offer. 								
DESCRIPTION / SPECIFICATIONS				QTY	UNIT P	RICE	PRICE EXCL VAT	
					R	С	R	С
DESIGN, SUPPLY OF INFORGRAPHICS OF THE 2024/2025 F/Y								
IDP OUTREAC	H							
				VAT				
			TOTAL	TOTAL INCLUSIVE				

SUPPLIERS REPRESENTATIVE / AUTHORISED SIGNATORY

SUPPLIERS STAMP