



Opening Date: 
Closing Date: 
Closing Time:

INSTITUTION DETAILS

Institution Name:
Province:
Department or Entity:
Division or section:
Place where goods / services is required
Date Submitted 

ITEM CATEGORY AND DETAILS

Quotation Number:
Item Category:
Item Description:

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:
Email:
Contact Number:

Supply Chain Management - AdvertQuote

Pa

035 901 7228/7180

Finance Manager Name:

MR S.E NGWENYA

Finance Manager Signature:



No late quotes will be considered

Submit |  Save | Save As... |  Close |  Print Preview

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