



## Quotation Advert

**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:**

Finance Manager Name:

031-2426063

S.S. Reddy

Finance Manager Signature:

pp Reddy

No late quotes will be considered

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

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Note:

The completed Quotation Advert must be printed and signed by the Finance manager.