



# 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:

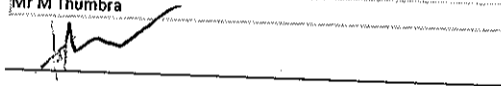
Contact Number:

**Finance Manager Name:**





031-2685832 / 078 999 2096

**Finance Manager Signature:**

Mr M Thumbra



**No late quotes will be considered**

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Note: