


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

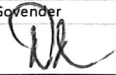
Select Type: 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: ronnie.rg85@gmail.com"/> 

QUOTES SHOULD BE DELIVERED TO: ronnie.rg85@gmail.com or fax to 039-433 1529"/>

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:
Email:
Contact Number:
Finance Manager Name:

Finance Manager Signature: 

No late quotes will be considered