




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:

034 413 4052




Finance Manager Name:

S C NTSHANGASE

Finance Manager Signature:

S C Ntshangase

No late quotes will be considered

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Note: