






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:

MAJOR AND MINOR SERVICE TO MEDICAL GAS COMPRESSOR
SEPERATE AMOUNTS SHOULD APPEAR
(SPEC ATTACHED)

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:

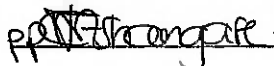
Name:
Email:
Contact Number:

034 413 4000

Finance Manager Name:

S.C NTSHANGASE

Finance Manager Signature:



No late quotes will be considered

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