

## BA PHALABORWA MUNICIPALITY

## **Budget and Treasury**

**Procurement and Stores** 

TO : Prospective Service Provider

FROM : SCM /STORES

DATE : 25 /03/2020

ENQUIRIES : STORES

TELEPHONE : 015 780 6479/6362/61

Kindly furnish this office with a written quotation for supply of goods/ services as detailed below. The quotation must be submitted on the letterhead of your Entity and delivered at our offices 3 Nyala Street, Phalaborwa not later than 06/04/2020 at 12H0O. Attention: Procurement

QUANTITY	Description	PRICE/UNIT (Inc .VAT) UOM	DELIVERY PERIOD
3550	Surgical Masks	Each	

## Please number your quotes (Your Ref no)

The following conditions will apply: Price (s) quoted must be valid for at least

thirty (30) days from date of your offer.

The municipality retains the prerogative to reject any quotes it deems to be excessive and/or underquoted A firm delivery period must be indicated.

Original Tax Clearance Certificate

Registered with CIPRO (CK 1 or 2 document)

BBBEE Certificate certified by a SANAS accredited institution or certified sworn affidavit.

Fill in and Return the Declaration of Interest Form MBD4 Form ad MBD6.2 obtainable from our website.

Registered on the Centralised Suppliers Database (CSD Report) Goods

to be delivered within 30 days of purchase order