



PROVINCE OF KWAZULU-NATAL

Private Bag

DOW059

**Department of Public Works
Region/Head Office**

Enquiries:
Tel:
Fax:
Email:
Ref:

Insert Postal Address details

*Insert Contact Person
Insert Contact Persons' tel no
" " " fax no
" " " e-mail
Insert file reference number*

Date :

INVITATION TO QUOTE FOR SERVICE

You are hereby invited to quote for the following service. Please complete this form and return it per fax within _____ calendar days.

ZNQW DESCRIPTION OF SERVICE.....

No.	Description of Item	Quantity	Price of each	Total Price
1				
			Sub-total	R
			Plus 14% VAT	R
			TOTAL	R

DESCRIPTION OF SERVICE : _____

QUOTATION VALID FOR THIRTY (30) DAYS.

DELIVERY PERIOD : () CALENDAR DAYS FROM DATE OF ORDER

Provincial Suppliers Database Registration No. _____

CIDB CRS No. _____

TENDERER'S NAME (PRINTED IN BLOCK LETTERS)

TENDERER'S SIGNATURE

DATE

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

Tel No. : _____

Fax No.: _____
