



LEKWA LOCAL MUNICIPALITY



Dear Sir / Madam

REQUEST FOR WRITTEN QUOTATIONS

Kindly furnish us with a written quotation for the supply of the goods/services as detailed below:

The quotation can either be faxed, delivered by hand or e-mailed to

<p><i>Gert Rautenbach</i> <i>(017) 712 9647 (phone)</i> <i>(086) 629 3143 (fax to email)</i> <i>(082) 783 9516 (cell)</i> grautebach@lekwalm.gov.za</p>	<p><i>Bilal Cajee</i> <i>(017) 712 9647 (phone)</i> <i>(086) 430 9566 (fax to email)</i> <i>(082) 303 7516 (cell)</i> bcajee@lekwalm.gov.za lekwascm@gmail.com</p>
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The following conditions will apply:

- **CSD REFERENCE NUMBER MUST BE INDICATED ON THE QUOTATION. NO CSD REF, QUOTE WILL BE REJECTED**
- Supplier MUST be registered on Lekwa Local Municipality Supplier database. If Supplier has not registered on our Database, the registration form can be obtained by emailing the above mentioned addresses.
- Price(s) quoted must be valid for at least thirty (30) days from date of your offer.
- **Quotations will be considered per item and NOT as a whole.**
- **An 80/20 point system will be used when applicable.** (Prices above R 30 000.00)
- **If price above R 30 000, please attach a valid BBEE Certificate.**
- **ALL PRICES MUST INDICATE unit price (ex VAT), discount and delivery date from date of order.**
- **Items must be quoted according to specs**
- The Municipality reserves the right to not accept a quotation if ANY of the above mentioned conditions are not adhered to.

PRE QUALIFICATION REQUISITE

- BBEE Level 1 (attach certificate or affidavit)
- Residing/Place of Business within Lekwa Local Municipality (Attach Water and lights account)

Yours faithfully
Bilal Cajee

STATIONERY

REF	DESCRIPTION	QTY	PRICE	TOTAL
V1-0148-9	LEVER ARCH FILES A4	50		
V1-0334-2	BIC CRYSTAL CLEAR PENS REDS	50		
V1-0416-9	A4 PAPER YELLOW 80gr	40		
V1-0417-6	A4 PAPER PINK 80gr	25		
V1-0522-9	A4 PAPER GREEN 80gr	40		
V1-0590-4	A4 PAPER BLUE 80gr	10		
V1-0556-5	CARTRIDGE HPCE 413 A	2		
V1-0681-8	CARTRIDGE HPCE 412 A	2		
V1-0828-4	CARTRIDGE HPCE 411 A	2		
V1-0890-5	CARTRIDGE HPCE 410 A	2		
V1-0685-7	HIGHLIGHTER PINK	10		
	HIGHLIGHTER YELLOW	10		
	HIGHLIGHTER ORANGE	10		
	HIGHLIGHTER RED	10		
V1-0693-8	BIC CRYSTAL CLEAR PENS BLACKS	200		
V1-0705-8	ATTENDANCE REGISTER A4	70		
V1-0726-5	HB PENCIL STEADLER	48		
V1-0814-0	STAPLES NO 56 REXEL (5000)	30		
V1-0958-4	DIARY BOOKS A5 (P.A.D) (NAVY)	50		
V1-0975-3	DIARY BOOKS A4 (P.A.D) (NAVY)	50		
V1-0978-5	ENVELOPES C4 (250 PER BOX)	4		
V1-0773-1	A4 PAPER WHITE 80gr (TYPEK/ROTATRIM)	400		
V1-0547-6	LEAVE BOOKS (SAMPLE BELOW) <ul style="list-style-type: none"> • 4 Pages per Set (White, Yellow, Pink, Green) • 50 Sets per book • NCR • Extra length back cover to place between sets • Starting Number 20001 	40		

CLOSING DATE: 10/10/2017 @ 09:00

LEKWA LOCAL MUNICIPALITY

APPLICATION FOR LEAVE

15672

BY APPLICANT

A. FULL NAMES OF APPLICANT: _____

DESIGNATION: _____ DEPARTMENT: _____

B.

LEAVE REQUIRED	NUMBER WORKING DAYS	FROM	UNTIL	CREDIT AVAILABLE	REMARKS
VACATION					
ILLNESS					
SPECIAL					

C. CONDITIONS OF REMUNERATION: _____

ADDRESS DURING LEAVE: _____

TEL: _____

SIGNATURE: _____

DATE OF APPLICATION: _____

D.

<p>FOR OFFICE USE ONLY</p> <p>Leave credit available: _____</p> <p>Holiday leave accruable: _____</p> <p>Holiday leave non-accruable: _____</p> <p>Sick leave full cycle: _____</p> <p>Sick leave half cycle: _____</p> <p>Long leave: _____</p>	<p>RECOMMENDED / APPROVED • BY SECTION HEAD</p> <p>Designation: _____ Sign: _____</p> <p>Date: _____</p> <p>Relieve arranged: _____</p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p>
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FOR USE OF MUNICIPAL MANAGER OR DEPARTMENTAL HEAD

E. APPROVED / DISAPPROVED / POSTPONED *

DATE: _____

SIGNATURE: _____

DESIGNATION: _____

REMARKS: _____

* DELETE whichever is not applicable