

REQUEST FOR QUOTATIONS

RFQ 329/2013

SUPPLY AND DELIVERY OF ATTENDANCE REGISTER BOOKS

SPECIFICATION FOR 200 ATTENDANCE REGISTERS

DESCRIPTIONS: Printing of Attendance Registers consisting of 100pages per book

Duplicate with Makana Municipality Logo

Pages 100 A4 pages in duplicate (white paper) with individual numbering

Size: A4

Quantity: 200

Colour ink: Black

Binding: Soft bind and first page must be perforated

The following conditions will also apply:

Samples will be required from recommended bidder

The following conditions will apply:

- Must be registered on the Municipal Suppliers Database;
- Price must be VAT inclusive (for all registered vendors);
- The Municipality is not obliged to accept the lowest or any quotation;
- A firm delivery period must be indicated;
- All quotations will be adjudicated in terms of council's Supply Chain Management Policy;
- The following documentation must be submitted with your quote in order to be considered, failing which will lead to disqualification:
 - a) An original valid SARS Tax Clearance Certificate
 - b) A valid Billing Clearance Certificate from your Local Municipality
 - c) Copy/ies of the Company registration e.g. CK1, CK2, Trust documents, sole provider etc.
 - d) An original certified copy of the B-BBEE certificate
 - e) Completed MBD 4 form (Declaration of Interest)
 - f) Completed MBD 9 form (Certificate of Independent Bid Determination)
- Please ensure that all returnable documentation are numbered (e.g. page 1 of 5 etc.) and binded in 1 (one) document ;
- The quotations must be submitted on the Letterhead of your business.
- Please ensure that the returnable documentation is placed in a sealed envelope clearly indicating the **RFQ Number & DESCRIPTION** on the envelope;
- **THE QUOTATION BOX IS LOCATED UPSTAIRS SITUATED IN THE FINANCE DIRECTORATE, 86 HIGH STREET, GRAHAMSTOWN, (DURING NORMAL OFFICE HOURS).**

- Quotes that are late will not be accepted. Quotations per fax or E-mail will also not be considered.
- The evaluation criteria is 80:20

NB: BIDDERS WHO ARE IN THE SERVICE OF THE STATE WILL NOT BE CONSIDERED.

Project Manager: Mr Kate

Contact Details: 046603 6146

Closing Date: 23 January 2014

Closing Time: 12H00

MR M PLANGA

ACTING MUNICIPAL MANAGER



NAME: _____

PAY NUMBER: _____

YEAR/MONTH		SIGNATURE	STARTING TIME	MEAL INTERVALS		FINISHING TIME	OVERTIME WORKED			SIGNATURE SUPERVISOR
DATE	DAY			OFF	ON		FROM	TO	TOTAL	
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									

A = ANNUAL LEAVE S = SICK LEAVE F = FAMILY RESPONSIBILITY M = MATERNITY LEAVE EX = EXAMS
CO = COURSE/CONFERENCE LSP = SPORT U = UNPAID

REMARKS: _____

This is to certify that the particulars shown above are correct.

DATE: _____

DEPT. HEAD: _____

TEL. NO.: _____