



THEMBISILE HANI LOCAL MUNICIPALITY

PUBLIC NOTICE

DATE: 21/05/2020

REQUEST FOR QUOTATIONS

Prospective service providers are hereby invited in terms of Thembisile Hani Local Municipality's supply chain management policy, to submit quotations on the following supplies and services.

QT NO.	DESCRIPTION	BRIEFING SESSION	REQUIREMENTS	CLOSING DATE
1523/17-18	Procurement of Covid 19 material for staff members.	N/A	CK, Tax Pin, Copy (Proof) of CSD registration, BBB-EE Cert, complete MDB forms and Municipal statement of account not in arrears for 90 days.	28 th May 2020
1524/17-18 ✓	Fumigation and disinfection of municipal offices	N/A	CK, Tax Pin, Copy (Proof) of CSD registration, BBB-EE Cert, complete MDB forms and Municipal statement of account not in arrears for 90 days.	28 th May 2020

Written quotations in a sealed envelopes marked the descriptions mentioned above together with such additional documentation as requested may be submitted/deposited in the Municipal tender box which will be emptied on Thursday, the 28th May 2020 at 12h00. For technical queries please contact Mrs Julia Ndlovu at (013) 986 9144 and/or Mr. S.L Nkadimeng at (013) 986 9165 during office hours.

Specifications can be collected from the Municipality at SCM offices no. 09, 16, 18 and 21.

The Municipality reserves the right to withdraw any invitation to quote and/or to re-advertise or to reject any quotation or to accept a part of it. Quotations will be evaluated and adjudicated in accordance with 80/20 preference point system. The Municipality does not bind itself to accepting the lowest quotation.

N.B: Only full /detailed proof of CSD registration report will be considered, not summary.



Mr. O.N Nkosi
Municipal Manager

Thembisile Hani Local Municipality



REQ NUMBER

1524 /17-18

REQUISITION FORM FOR GOODS AND SERVICES

This requisition form is a request for quotation and must be completed by End-user and be approved by Senior Manager (Manager User / Department) of the End-user department to enable SCM processes to unfold. SCM will try to get quotations within five (5) working days of receipt of this form. This form will be referred back to the End-user should he/she not state specifications accurately and clearly.

ACQUISITION OF:

GOODS

SERVICES

PROJECT/ITEM	DESCRIPTION	QUANTITY
Fumigation Service for Covid 19 - Prevention	Fumigation Service and Disinfection of Municipal Premises	

FUNCTION

see the the Attached List for specified Areas

ITEM	ANNUAL BUDGET	COMMITTED TO DATE	THIS COMMITMENT	BALANCE OF BUDGET

Signature: _____

Motivation (Attach supporting documentation):

Julia Ndlovu

REQUESTED BY:

SA Nkumalo

AUTHORISED BY:

MANAGER USER / DEPARTMENT:

[Signature]

SIGNATURE:

SIGNATURE:

20/05/2020

DATE:

DATE:

SCM Unit

ORDER NUMBER REF: _____

Accepted

Ass Mauseu

Signature

Date

[Signature]

[Signature]

[Signature]

21/05/2020

REQUISITION FOR COVID 19 MATERIAL – FUMIGATION OF ALL MUNICIPAL FACILITIES

DESCRIPTION OF AN ITEM	SPECIFICATION	QUANTITY
Fumigation and disinfection of municipal premises	Correct application of chemicals to fumigate and disinfect the premises to be free from the virus Full Fumigation service that include chemicals, labour, excluding sprayers	X6 Community Halls X4 Municipal Libraries X3 Municipal Satellite Offices X Kwaggafontein Municipal Offices Headquarters

REQUISITION FOR COVID 19 MATERIAL – FOR ALL STAFF MEMBERS

DESCRIPTION OF AN ITEM	SPECIFICATION	QUANTITY
Hand gloves	Heavy duty / garden hand gloves	X 250
Hand liquid soap for bathrooms and other dispensaries	Anti-bacterial Liquid hand soap	40 X 20L Hand liquid soap
Masking tape for distance marking	Red and yellow masking tape 50m	4 X 20m
Paper Hand Towels	ARO Garage Roll	4 X 1000m

Thembisile Hani Local Municipality



REQ NUMBER

1523 /17-18

REQUISITION FORM FOR GOODS AND SERVICES

This requisition form is a request for quotation and must be completed by End-user and be approved by Senior Manager (Manager User / Department) of the End-user department to enable SCM processes to unfold. SCM will try to get quotations within five (5) working days of receipt of this form. This form will be referred back to the End-user should he/she not state specifications accurately and clearly.

ACQUISITION OF:

GOODS

SERVICES

PROJECT/ITEM	DESCRIPTION	QUANTITY
	Hand Gloves (Heavy duty garden gloves)	x 250
	Anti Bacterial Hand Liquid Soap 2DL	x 40
	Red, Yellow, Masking Tape 20M	x 4
	ARO Garage Roll (Paper Hand Towels)	x 4 (1000m)
See the Attached List for detailed specification.		

FUNCTION

ITEM	ANNUAL BUDGET	COMMITTED TO DATE	THIS COMMITMENT	BALANCE OF BUDGET

Signature: _____

Motivation (Attach supporting documentation):

Juhia Nohovu

REQUESTED BY:

SANxumalw

AUTHORISED BY:

MANAGER USER / DEPARTMENT:

Hellow

SIGNATURE:

[Signature]

SIGNATURE:

20/05/2020

DATE:

DATE:

SCM Unit

ORDER NUMBER REF:

Accepted

Accepted

As Manson

Designation

[Signature]

Signature

21/05/2020

Date