

ARC Infruitec-Nietvoorbij

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**OFFICE OF SUPPLY CHAIN MANAGEMENT**

1. DESCRIPTION OF SERVICE **Element for Almor Medical Type Autoclave**

|  |  |  |  |
| --- | --- | --- | --- |
| **ELEMENT OF ALMOR AUTOCLAVE** | | **Quantity** | **If No, Please Indicate Deviation** |
| **1. Specific Description** | **Compliance to Specification (Yes/No)**  **\*Describe If Specification Differs** |
| * 1. Element of Almor medical type autoclave   Element + gasket 3x2kW 11/4”  Element Contactor |  | **1 EACH** |  |
| **2. General** |  | | |
| 2.1 |  |  |  |

1. **PRICING SCHEDULE FOR SUPPLY AND DELIVERY OF ELEMENT OF ALMOR AUTOCLAVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item description** | **Quantity** | **Unit price** | **Total Price** | |
| * 1. Element of Almor medical type autoclave   Element + gasket 3x2kW 11/4”  Element Contactor | **1 EACH** |  |  | |
| 2 DELIVER FEE | **1** |  |  | |
| **SUBTOTAL** | | | |  | |
| **VAT** | | | |  | |
| **GRANDTOTAL** | | | |  | |

Company name:……………………………………………………………………………………………….

Contact person:………………………………………………………………………………………………..

Contact number:……………………………………………………………………………………………….

Date and signature:…………………………………………………………………………………………

**Contact: Person – Valmary van Breda**

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