

REQUEST FOR QUOTATION (RFQ) FORM

CONTACT PERSON	Nana Modiba		
EMAIL ADDRESS	nana.modiba@tia.org.za		
CLOSING DATE	Monday 09 February 2026 at 09h00		
DELIVERY ADDRESS	iGym (Idea Generator), Central University of Technology, 20 President Brand Street, Bloemfontein		
DESCRIPTION OF GOODS / SERVICES			
ITEM DESCRIPTION		QUANTITY	PRICE
<p>Request for quotation for catering services for the National Cleantech Innovation Challenge (NCIC) – Stakeholders Partnership Sessions in Free State on Thursday 12 February 2026.</p> <p>Breakfast at 09:30: arrival snacks and refreshments for 20 people</p> <ul style="list-style-type: none"> Enough tea and coffee (also provide with cups) 2x Seasonal fruit salad platter 4x Muffins platter 4x Scones with jam and cream platters <p>Light finger lunch at 13:00:</p> <ul style="list-style-type: none"> 2x Meatballs platter 2x Mini sausage rolls platter 2x Spring rolls platter 2x Chicken wings platter 2x Cheese and corn bites/ pumpkin fritters (for vegetarians) platter 2x Mini quiche (spinach and feta, quiche lorraine) platter 20x Assorted mixed drinks in cans <p>NB!! Please bring (cutlery and crockery) plates, utensils, straws, serviettes, cups, teaspoons. Catering equipment must be clean and food to be delivered on time and look presentable.</p>			
<ol style="list-style-type: none"> Invoice paid after good and services delivery and within 30 days as per the National Treasury Act. Suppliers must all be registered on the Central Supplier Database Quotations: to be accompanied by SBD 4 AND 6.1 forms, Proof of specific goals where applicable, the completed and signed request for quotation form Quotation received after the closing date and time will not be considered. 80/20 preferential point system will be used The validity period of price quotations after the closing date is 30 days 			
SPECIFIC GOALS FOR TIA FOR DAY - TO - DAY PROCUREMENT		PROOF	

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50% OWNED BY HISTORICALLY DISADVANTAGED INDIVIDUALS	5	SHARE REGISTER / CSD REPORT
51% OWNED BLACK WOMEN	5	SHARE REGISTER /CSD REPORT
AT LEAST ONE OF THE OWNERS HAS A DISABILITY / DISABILITIES	5	STATEMENTS OR LETTERS ON A PHYSICIAN'S / MEDICAL PROFESSIONAL'S LETTERHEAD WITH PRACTISE NUMBER CONFIRMING DISABILITY
AT LEAST ONE OF THE OWNERS IS A YOUTH	5	COPY OF A CERTIFIED ID CARD
TOTAL	20	
SUPPLIER'S INFORMATION		
COMPANY NAME		
CONTACT PERSON		
CONTACT NUMBER		
EMAIL ADDRESS		
SIGNATURE		DATE