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| **Contact Person** | Mapule Msiza  |
| **Email Address** | Mapule.msiza@tia.org.za |
| **Closing Date** | 25 August 2025 @ 08:00am  |
| **delivery address** | **Unit Owbgu10, Old Warehouse Building, Black River Office Park 1 Fir Street, Observatory, Cape Town, 7925** |
| **Description of Goods / Services** |
| **Item Description** | **Quantity** |  |
| **Catering for 12 people** **date: 26 August 2025****Delivery time: 10:00am****delivery address: - Unit Owbgu 10, Old Warehouse Building, Black River Office Park 1 Fir Street, Observatory, Cape Town, 7925****Finger lunch****halaal please and the menu is below** * **BBQ wings and drumsticks**
* **meatballs**
* **small pastries (sausage rolls and cheese puffs)**
* **chicken wraps**
* **beef wraps**
* **mini pizzas**
* **muffins**
* **samosa’s (lamb curry and veg)**

**12 x 350ml assorted fruit juice**  |  | **PLEASE ENSURE FOOD IS ENOUGH**  |
| 1. **Invoice paid after good and services delivery and within 30 days as per the National Treasury Act.**
2. **Suppliers must all be registered on the Central Supplier Database**
3. **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**
4. **Quotation received after the closing date and time will not be considered.**
5. **80/20 preferential point system will be used**

**6. The validity period of price quotations after the closing date is 30 days** |
| **Specific Goals For TIA For Day - To - Day Procurement** | **Proof** |
| 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** |  |