



SCM 3 APPROVAL OF QUOTATION REPORT

To: Deputy Director: Auxiliary		
From:	ASD: ACQUISITION	Office:
Tel:	012 399 0095	Fax:
Project title: Servicing & Maintaining of two X-ray Machines Once per Quarter for 36 Months		

1. QUOTATION PARTICULARS:

Quote no:	IPID034/24/25	Number of quotation documents issued:	04
Advertising date:	31/05/2024	Number of quotes received:	01
Closing date:	05/06/2024	Validity date:	30-60 days
Contract period:	n/a	Conditions of Contract:	n/a

2. LIST OF QUOTATION RECEIVED:

Name of Service Provider:	KHOMANANI X-RAYS AND NDT SYSTEMS
Quotation price	R136 620.00

3. ADMINISTRATIVELY NON-RESPONSIVE QUOTES:

Name of Bidder:	
Reason for administrative non-responsiveness:	

4. OTHER REASONS FOR DISQUALIFICATION OF QUOTES:

Name of service provider:	
Reason for disqualification:	

5. RECOMMENDATION:

5.1. Quote recommended for acceptance:

Lowest price/ highest points scored	☐ Yes ☐ No	KHOMANANI X-RAYS AND NDT SYSTEMS	Quotation Price:
			R136 620.00

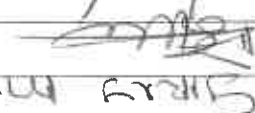
- 5.2. Motivation(s) for recommending the service provider (if applicable):
- 5.3. Motivation(s) for not recommending the lowest price (if applicable):

6. DECLARATION BY ADMIN SUPPORT/SCM OFFICIAL

I, Odile Rangoako, hereby certify that I, during the adjudication of all quotes received for this project, and in the compilation of this recommendation towards the award of the particular service, neither intentionally and/or negligently, favoured nor prejudiced any natural and/or legal person/body/entity and that I have acted in good faith in respect of the fair, equitable, transparent, competitive and cost effective execution of the entire procurement process.

7. CONFIRMATION BY ASSISTANT DIRECTOR: DEMAND AND ACQUISITION

I hereby confirm that all documents have been verified and are compliant in terms of Treasury prescripts and SCM Policy

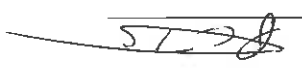
ASSISTANT DIRECTOR: DEMAND AND ACQUISITION (ACTING)	
Name and Surname:	SIRY MACREVE
Signature:	
Date:	14/06/2024

8. CONFIRMATION OF FUNDS BY BUDGET OFFICE

I hereby confirm that funds are available to cover the quoted amount provided by the recommended bidder as follows:

RESPONSIBILITY:	Security of Facilities Mon
ITEM:	Control MNT & REP OTH MACHINES & Equip
ASSET CATEGORY:	Security Equip, Syst, Materials; Fix
AVAILABLE BUDGET:	R100 000

Comments: The budget is for three years
continue with the order.

Name: F. Isoangane
Signature: 
Date: 14/06/2024

(If the lowest acceptable quotation exceeds the available budget by more than 15% DD: Financial Management/delegated should confirm, unless the difference is within item level 4

9. ACCEPTANCE OF QUOTATION BY THE REQUESTING OFFICER/RESPONSIBILITY MANAGER

I hereby confirm that the recommended bidder quoted according to specification provided and has capacity to deliver. The price quoted is market related and affordable.

ACCEPTED/ NOT ACCEPTED

Name and Surname:		Linda Mafale
Signature:		L. Mafale
Date:		2024/06/18
Comments:		

10. RECOMMENDATION BY DELEGATED SUPPLY CHAIN MANAGEMENT OFFICIAL

I hereby confirm that I have reviewed the

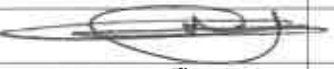
- 1. The correct SCM process has been followed **YES/NO**
- 2. The process followed was fair, transparent **YES/NO**
- 3. All the required forms have been completed correctly (SBD forms, etc) **YES/NO**
- 4. All required documents are submitted, valid and compliant (TAX , CSD REPORT) **YES/NO**
- 5. The scoring has been verified and is correct, fair and consistent **YES/NO**
- 6. The price is fair and market related **YES/NO**

RECOMMENDED/ NOT RECOMMENDED

Name and Surname:		Jemson Khabshane
Designation:		ACTING DIRECTOR SCM & I/M
Signature:		[Signature]
Date:		20/06/2024
COMMENTS:		

11. APPROVAL BY THE DELEGATED OFFICIAL IN TERMS OF DELEGATIONS

APPROVED/NOT APPROVED

Name and Surname:		P. SETHI	
Designation:		CFO	
Signature:			
Date:		20/06/2024	
COMMENTS:			
Team, contract draft must ensure that SIA has been signed by both Parties prior to the commencement of service.			