On behalf of KovsieGear:



Request for quotation form – Bloemfontein

Section A: Requested by			
Date:			
Name:			
Personnel or student number			
Department/centre/unit:			
Physical address:			
Email address:			
Telephone:		Cell no:	
EXPECTED DATE OF DELIVERY:		Signature:	
Terms and conditions:			
Confirmation and payment production. Complete this form in full, ensurand submit it to KovsieGear. 2. After receiving this completed. 3. This quotation is valid for 10 working the quote and deliver/emails. KovsieGear will only place the obeen submitted. When items are working days. 6. If a University entity is used for quotation. Your request for pur	form, KovsieGear will provide you brking days from the date of the of ail it to KovsieGear. Forder when both the request for quite ordered, which are not stock state of the off purchasing of clothing, a motivation chasing will first be approved by F	igned under with a forma fficial Kovsie uotation formandard items ional letter is inance.	Section C, al quote. Gear quotation. n and a signed quote have s, delivery can take up to ten
Client signature:		Date:	
 There is valid proof of purchase The goods are in its original pacattached. 	a refund given within the first 10 o e, i.e. till slip/original receipt. ckaging or condition, i.e. it is unwo lards, certain products will not be	orn and unus	ed and the price tag is still
in the interest of mygletic stand	aras, certain products will not be	i ciuilucu Ul	exchanged.

Section B: Details of quotation/purchase required

Description of item	Brand description	Price	Quantity	Catalogue and page number (if applicable)

(Only applicable to clothing)

Please indicate size breakdown

Size	XS	S	М	L	XL	2XL	3XL	4XL	5XL
Male									
Female									
Unisex									

Section C: Payment options
Please note: If section C of this form is not completed, in full, no merchandise will be issued.
Authorised by:
I, staff number: give permission to
KovsieGear to arrange for a journal transfer for any purchases on behalf of:
(faculty,department):
Signature of entity manager: Date:
Entity transfer: YES: NO: Entity number(s):
Payment information:
Cash payment at UFS cashiers:
Cashier's reference: KovsieGear 1/483/E3201/6011 Receipt no:
Indicate logo Please indicate the logo on the garment with a cross (X). Front Back:
Yes: No: KovsieGear Request for quotation page 2 of 2