

Acceptance: (Full Name) \_\_\_

Order / Reference No. :\_\_

## INNOVATE, INTEGRATE, AUTOMATE

2 Jermyn Street Robertsham 2091, PO Box 7764 Weltevredenpark 1715
Tel: +27 11 680 0640, Fax: +27 11 680 0646
www.omegafs.co.za

		 b>			No. of the last of	
Client Details:			QUOTATION No: JA2018-Mandisa Clinic-Sprinkler			
Contact Person: Muhammed Surty			Date: 23/02/2018			
<b>Company:</b> Maxfel <b>Cell:</b> 083 655 2917			Sales Consultant: Jivesh Arjun			
			Cell: 084 709 4142 email: jivesh@omegafs.co.za			
Tel: 014 596 5631/2 Fax: email: msurty@maxfel.co.za			Rubeshen: 073 361 323 email: rubeshen@omegafs.co.za Graham: 082 880 8659 email: graham@foag.co.za			
Site	Mandisa Shiceka Clinic	Ordinam.	Charlant, 602 666 6667 Gridail grandini eroagi.co.24			
		UNIT	QTY	RATE	TOTAL	
ITEM	Equipment Description	UNII	QII	KAIE	IOIAL	
	Summary - Totals carried forward			-		
	Summary - Totals Carried forward			-	-	
1	Bill No 1: Preliminaries & General	total	1	236 475,20	236 475,20	
2	General	total	i	121 004,00	121 004,00	
3	Pumps	total	1	#######	1 658 216,30	
4	Tanks	total	1	#######	1 202 955,00	
5	Control, Alarm, Boosting, Signage and Aux. Items	total	1	85 632,30	85 632,30	
6	Mains	total	1	15 613,00	15 613,00	
7	Scaffolding and Erection (Incuded)	total	1	-	-	
8	Project Engineering, Management and Control	total	1	176 281,30	176 281,30	
	3,000			-	-	
				-	-	
				-	-	
				-	-	
				-	-	
				-	-	
				-	-	
				-	-	
				-	-	
				-	1	
				-	1	
	Sub-Total Excl VAT:			-	R 3 496 177,10	
	VAT:			-	R 489 464,79	
	Total Incl VAT			-	R 3 985 641,89	
				-	-	
				-	-	
				-	-	
Paymer Delivery All pricir	: Quote valid subject to rate of exchange (30days)  nt Terms: COD / 30 Days on approved accounts.  v: 1 - 6 Weeks, subject to stock availability.  ng quoted, is subject to the exchange rate variations.	ONDITIONS OF SALE	ļ			
_	ds / equipment remain the property Omega Fire and Security until po	· · ·	مادر بمرائلة	the navmort to	erm set out above	
E & O E	ı Fire and Security reserves the right to retake posession of all equipm	iem noi paia ioi compiete	ziy Wiifili	i ine payment te	enn sei oui above	

\_\_ Signature: \_\_\_

Date\_\_\_