LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT

HEALTH

LETABA REGIONAL HOSPITAL

RFQ No : LET 293/2026-2027

Enq : BALOYI DR

Date :

Tell : 0153038246
Email : Quotes.LetabaHospital@dhsd.limpopo.gov.za

To :

RE: REQUEST FOR QUOTATION (Specification form)

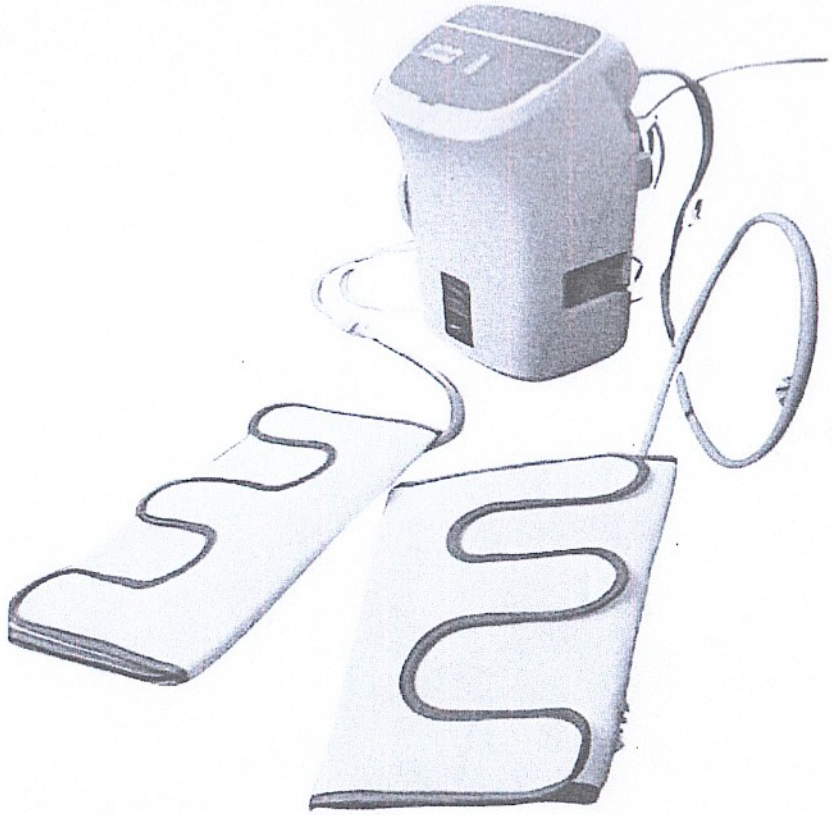
Item no	Quantity	Description :
01	04	*Venous foot compression pump uniform compression with inflation pressure,set of 130+-10mmghg cycle time autuntic 60 second inflation fooled 27 to 57 second of relations,with foot cuff disponible made of breathable non-slip material attached via a rigid sole to direct air impulse with audible and visible alarms for low and high pressure system errors and low battery.*

1. Kindly provide us with quotations for the supply, delivery or service as specified here above.

2. **NB: The following conditions will apply on quotations:**

a. Prices must be inclusive of **VAT if registered for VAT.**
b. **Company's letter head** or if not must have **company's stamp** the same applies to invoices.
c. Validity period of **90- days.**
d. **Unit prices and total prices** must be **verified** and **calculated correctly**
e. Prospective suppliers are requested to submit their quotations together with completed **SBD 4 bidder's disclosure, SBD 6.1**, obtained at any institution under the department of Health. **All forms must be fully completed and signed.**
f.
g. **Compulsory Briefing Session will be attended as follows:**

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