



### **RT3-2018 PRINTING BUSINESS NEEDS**

#### **SUPPLY, DELIVERY, INSTALLATION, COMMISSIONING AND MAINTENANCE OF OFFICE EQUIPMENT AND LABOUR SAVING DEVICES TO THE STATE FOR THE PERIOD 01 OCTOBER 2018 TO 30 SEPTEMBER 2021**

The RT3 transversal contract has been in place since the year 1996. The current transversal contract RT3-2015 will expire in September 2018 and it is being reviewed to understand if the end-user's printing needs are being met or not so to inform the printing solutions on the new RT3 transversal contract. End-user State institutions are requested to complete the below information to inform the end-user's future printing needs.

**NAME OF STATE INSTITUTION:** \_\_\_\_\_

\_\_\_\_\_

**PROVINCE:** \_\_\_\_\_

1. How many staff members require the use of office equipment (photocopier machine(s))? \_\_\_\_\_
2. Please provide the current office equipment in your possession as per the table\* below on page 4: (if the table below is not sufficient, you can attach a separate document with the provided columns as a minimum)
3. Has your institution in any of its office equipment extended the Service Level Agreement (SLA) beyond the contracted thirty-six (36) months period for a further maximum period of twenty-four (24) months on the same terms and conditions as indicated on the Special Conditions of Contract at the reduced rental by seventy-five percent (75%)?  
(Tick with an X)  
No ☐  
Yes ☐ (indicate the contract period on the table on page 4)
4. Has your institution cancelled the SLA before expiry of the thirty-six (36) months period and paid a settlement to the Supplier equalling the fixed service amount?  
No ☐  
Yes ☐

If yes, provide details of the cancellation\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Payments to suppliers (rental and outright purchases)

- 5.1 **Rental of office equipment:** Please state below and attach EITHER copy of invoices paid to date since the inception of the rental period or statements of total amount paid to date for all suppliers.

R\_\_\_\_\_

Amount in words (\_\_\_\_\_

\_\_\_\_\_)

- 5.2 **Outright purchases of shredder(s):** Please state below and attach EITHER copy of invoices paid or statements of total amount paid to date for all suppliers.

R\_\_\_\_\_

Amount in words (\_\_\_\_\_

\_\_\_\_\_)

6. Has your institution encountered an experience where the supplier did not remedy the failure of office equipment within ten (10) working days of notice then your institution was entitled to a written notice to terminate the SLA?

No ☐

Yes ☐

If yes, provide details of the contract termination\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Has your institution been provided with reports and data relevant to the usage of the office equipment to-date?

Yes ☐

No ☐

8. Has your institution been provided by the supplier with a regularly updated list for the duration of the SLA of all sub-contractors that it intends/it is using to perform all or any of its functions in terms of the SLA?

Yes ☐ (Attach the list of sub-contractors)

No ☐ (There are no sub-contractors)

9. Is the current office equipment satisfying the needs of your institution?

Yes ☐

No ☐ (What printing solution would satisfy the printing needs of your institution according to your knowledge?)

---

---

10. What are the challenges your institution is/has faced on this RT3 transversal contract?  
(Attach a separate sheet if the space provided is not sufficient)

---

---

11. Has your institution consulted with the supplier(s) to conduct a workflow analysis for equipment with 40 000 copies plus per month?

Yes ☐

No ☐

N/A ☐

12. Has your institution been measuring the supplier on on-time delivery of equipment/service and call-out response time?

No ☐

Yes ☐

If yes, provide details of the outcome of the measurement during the current contract period\_\_\_\_\_

---

In relation to number 2 above:

Item No.	Type of Machine (Photocopier, Shredder etc.)	Brand Name	Number of Machines at your offices	Supplier Item Number	Location of Machine(s)	Contract Period of Machine(s)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

The form should be completed and emailed back to:

Ms Kwanele Mtembu

012 406 9188 / 064 755 4850

[Kwanele.mtembu@treasury.gov.za](mailto:Kwanele.mtembu@treasury.gov.za)