

INSTITUTION DETAILS

Place where goods / services is required

ITEM CATEGORY AND DETAILS

Closing Date:

Closing Time:

Institution Name:

Department or Entity:

Division or section:

Date Submitted

Quotation Number:

Item Category:

Item Description:

Quantity (if supplies)

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

Select Type:

Date: Time: Venue:

Name:

Email:

Contact Number:

COMPULSORY BRIEFING SESSION / SITE VISIT

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Province:

Quotation Advert

13/08/2018

24/08/2018

Umzimkhulu hospital

Department of Health

Umzimkhulu Hospital

Central Supply Chain Management

KwaZulu-Natal

10/08/2018

znq 109 /18-19

ZNQ:

Services

2 UNTS

Not Applicable

PALESA or BRENDA

philani.mkhize@kznhealth.gov.za

STEAM POT

11:00

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