

## Quotation Advert

| PROVINCE OF KWAZULU-NATAL                |   |                      |
|--|---|----------------------|
| Opening Date:                            | 30/08/2018                                | 5 3 10 10<br>3 10 10 |
| Closing Date:                            | 06/09/2018                                | Era)                 |
| Closing Time:                            | 11:00                                     |                      |
| INSTITUTION DETAILS                      |   | 1                    |
| Institution Name:                        | Turton CHC                                | V                    |
| Province:                                | KwaZulu-Natal                             | *                    |
| Department or Entity:                    | Department of Health                      |                      |
| Division or section:                     | Central Supply Chain Management           |                      |
| Place where goods / services is required | TURTON CHC                                |                      |
| Date Submitted                           | 29/08/2018                                | (Sign)               |
| ITEM CATEGORY AND DETAILS                |   |                      |
| Quotation Number:                        | ZNQ:                                      |                      |
|  | 114/1819                                  | ,                    |
| Item Category:                           | Goods                                     |                      |
| Item Description:                        | ALUMINIUM ELBOW CRUTCHES: ADULT AND CHILD | ,                    |
|  |   |                      |
|  |   | *                    |
|  |   | 3                    |
|  |   |                      |
|  | side a transfer beautiful ter itte        |                      |
|  |   |                      |
| Quantity (if supplies)                   | 200 PAIRS ADULT AND 50 PAIRS CHILD        | 1                    |
| COMPULSORY BRIEFING SESSION /            | SITE VISIT                                |                      |
| Select Type:                             | Select                                    | ~                    |
| Date:                                    |   | 5000<br>CIES         |
| Time:                                    |   |                      |
| Venue:                                   |   |                      |
|  |   |                      |
| QUOTES CAN BE COLLECTED FROM:            |   |                      |
| QUOTES SHOULD BE DELIVERED TO:           |   |                      |
| QUOTES SHOOLD BE DELIVERED TO.           |   | 3                    |
| ENQUIRIES REGARDING THE ADVER            | RT MAY BE DIRECTED TO:                    |                      |
| Name:                                    | NOMBALI NDLOVU                            |                      |
| Email:                                   | nombali.ndlovu@kznhealth.gov.za           |                      |
| Contact Number:                          | 0399726023                                |                      |
| Finance Manager Name:                    | MS N. BAAI                                |                      |
|  |   |                      |
| Finance Manager Signature                |   |                      |

No late quotes will be considered