



## Quotation Advert

**Opening Date:**

**Closing Date:**

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:**

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required**

**Date Submitted**

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:

**Item Category:**

**Item Description:**

**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:**

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:**

**QUOTES SHOULD BE DELIVERED TO:**

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:**

**Email:**

**Contact Number:**

**Finance Manager Name:**

**Finance Manager Signature:** 

No late quotes will be considered