



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:

2018/07/24 10:57:18

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Finance Manager Name:

035 901 7228

E NGWENYA

Finance Manager Signature:



No late quotes will be considered