





# Quotation Advert

**Opening Date:**  

**Closing Date:**  

**Closing Time:**

## INSTITUTION DETAILS

**Institution Name:**  

**Province:**

**Department or Entity:**


**Division or section:**

**Place where goods / services is required**

**Date Submitted**  

## ITEM CATEGORY AND DETAILS

**Quotation Number:**

**Item Category:**  

**Item Description:**

**Quantity (if supplies)**

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:**  

**Date :**  

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:**

NGWELEZANE HOSPITAL THANDUYISE ROAD SCM DEPT

**QUOTES SHOULD BE DELIVERED TO:**

THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD

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

**Name:**

RT MKHUMBUZI/NS MNGOMEZULU

**Email:**

nomathandazo.mngomezulu@kznhealth.gov.za

**Contact Number:**

035 901 7228

**Finance Manager Name:**

SE NGWENYA

**Finance Manager Signature:**



**No late quotes will be considered**