

Institution Name:

Department or Entity:

Place where goods / services is required

ITEM CATEGORY AND DETAILS

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:

Province:

**Quotation Advert** 15/08/2018 -0 22/08/2018 -:0 11:00 Ngwelezane hospital V KwaZulu-Natal Department of Health Central Supply Chain Management THANDUYISE ROAD, NGWELEZANA TOWNSHIP, EMPANGENI 14/08/2018 0 ZNQ: B952/18-19 V Goods **BROTHER TONER (ORIGINAL) 3290** 20 UNITS COMPULSORY BRIEFING SESSION / SITE VISIT  $\vee$ Not Applicable Ö NGWELEZANA HOSPITAL THANDUYISE ROAD SCM DEPT THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: RT MKHUMBUZI/NS MNGOMEZULU nomathandazo.mngomezulu@kznhealth.gov.za