

**Contact Number:** 

## **Quotation Advert**

| PROVINCE OF KWAZUCU-HATAL                |   |             |
|--|---|-------------|
| Opening Date:                            | 29/08/2018  |             |
| Closing Date:                            | 05/09/2018  |             |
| Closing Time:                            | 11:00   |             |
| INSTITUTION DETAILS                      |   |             |
| Institution Name:                        | Ngwelezane hospital   | V           |
| Province:                                | KwaZulu-Natal   |             |
| Department or Entity:                    | Department of Health  |             |
| Division or section:                     | Central Supply Chain Management   |             |
| Place where goods / services is required | THANDUYISE ROAD , NGWELEZANE TOWNSHIP EMPANGE   | NI 38       |
| Date Submitted                           | 04/09/2018  |             |
| ITEM CATEGORY AND DETAILS                |   |             |
| Quotation Number:                        | ZNQ:<br>M34/18-19   |             |
| Item Category:                           | Services  | $\subseteq$ |
| Item Description:                        | SERVICE TO CHILLER PLANT THAT SUPPLIES CHILLED WATER EMU AND THEATRE DEPARTMENT PLEASE GIVE A REPORT AFTER SERVICE. | )           |
|  |   |             |
| Quantity (if supplies)                   | 2   |             |
| COMPULSORY BRIEFING SESSION / SITE VISIT |   |             |
| Select Type:                             | Not Applicable  | V           |
| Date:                                    |   | 100         |
| Time:                                    |   | -12.22      |
| Venue:                                   |   |             |
| QUOTES CAN BE COLLECTED FROM:            | NGWELEZÁNÁ HOSPITÁL, 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:                                    | R.T MKHUMBUZI /N,S MNGOMEZULU   | ٠           |
| Email:                                   | nomathandazo mogomezulu@kznhealth gov za  |             |

oply Chain Management - AdvertQuote

Page:

Finance Manager Name: Finance Manager Signature:

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S. E NGWENYA

035 901 7228

No late quotes will be considered

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. The completed Quotation Advert must be printed and signed by the Finance manager.