

Quotation Advert

Opening Date: 12/12/2018
Closing Date: 19/12/2018
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Gamalakhe CHC
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: GAMALAKHE CHC
Date Submitted: 11/12/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GCHC162/1819
Item Category: Goods
Item Description: INSULIN SYRINGE 1ML

Quantity (if supplies): 200 BOXES

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable
Date :
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: OFF RAY NKONYENI ROAD-CORNERMICHEAL NSIMBI & REV SITHOLE ROAD

QUOTES SHOULD BE DELIVERED TO: TENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MR FANI MBALI
Email: Mbali.Fani@kznhealth.gov.za
Contact Number: 0393181113
Finance Manager Name: Mrs BP Mthembu

Finance Manager Signature: 