

## Quotation Advert

Opening Date:  *Dom 12/12/2018*

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  *Dom 11/12/2018*

### 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:

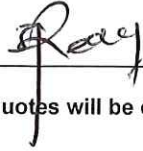
Name:

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature:



A handwritten signature in black ink, appearing to read "R. Ray", is written over a horizontal line. The signature is stylized and cursive.

No late quotes will be considered