

Contact Number:

## **Ouotation Advert**

PROVINCE OF KWAZULU NATAL	MANAGORION GOVERS	
Opening Date:	12/12/2018	
Closing Date:	19/12/2018	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Ndwedwe CHC	
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Ndwedwe CHC	
Date Submitted	10/12/2018	ya
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 319 18/19	
Item Category:	Goods	~
Item Description:	Patients record folder (Males and Females)	
· · · · · · · · · · · · · · · · · · ·		
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION		
Select Type:	Not Applicable	~
Date:		Maria.
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:		
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	Maria Kekana	
Email:	maria kekana@kznhealth gov.za	

Save Save As... Close Print Preview



completed Quotation Advertimust be printed and signed by the Finance manager