

Contact Number:

## **Quotation Advert**

Opening Date:	05/12/2018	io.
Closing Date:	12/12/2018	i i
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	abla
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	NGWELEZANA HOSPITAL, THANDUYISE ROAD EMPANGE	NI 381
Date Submitted	04/12/2018	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: A286/18-19	amo as p
Item Category:	Goods	abla
Item Description:	REQUISITION FOR SHELVING OF OUTPATIENT FILLING CARD/ THE ARI FOR FITTING SHELVES IS 15M, 600MM X8M, 400MM THE WHOLE SQUEMETER IS 48 M PLAN	EA
Quantity (if supplies)	01 UNIT	
COMPULSORY BRIEFING SESSION	SITE VISIT	
Select Type:	Compulsory Site Visit	$\nabla$
Date :	07/12/2018	
Time:	12:30	
Venue:	NGWELEZANE HOSPITAL SCM DEPT (STORES)	
QUOTES CAN BE COLLECTED FROM:	NGWELEZANE HOSPITAL STORES (SCM DEPT)	ye down and service the
QUOTES SHOULD BE DELIVERED TO:	NGWELEZANE HOSPITAL TNDER BOX NEXT TO OPD	7
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	N S MNGOMEZULU/ R T MKHJUMBUZI	
Email:	nomathandazo.mngomezulu@kznhealth.gov.za	

Finance Manager Name: Finance Manager Signature:

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MR S.E NGWENYA

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Note: