|  | health   |
|--|--|
|  | Department:<br>Health<br>PROVINCE OF KWAZULU-NATAL |

## **Quotation Advert**

Opening Date: 17/07/2018

**Closing Date:** 20/07/2018

**Closing Time:** 11:00

**INSTITUTION DETAILS** 

**Institution Name:** St Chads CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

**Date Submitted** 16/07/2018

ITEM CATEGORY AND DETAILS

Place where goods / services is required

**Quotation Number:** ZNQ:

ZNQ 108/18-19

ST. CHADS CHC CNR OF HELPMEKAAR AND EZAKHENI MAIN...

Item Category: Goods

Item Description: 1. CLINIC DATE STAMP WITH DATE AND ADDRESS

QTY= 01

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: **Not Applicable** 

Date: N/A

Time: N/A

Venue: N/A

**QUOTES CAN BE COLLECTED FROM:** ST. CHADS CHC CNR OF HELPMEKAAR AND EZAKHENI MAIN

ROAD, LADYSMITH, 3380

**QUOTES SHOULD BE DELIVERED TO:** TO BE DELIVERED AT THE TENDER BOX NEXT TO THE SECURITY MAIN

GATE AT ST. CHADS CHC CNR OF HELPMEKAAR AND EZAKHENI MAIN

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:** 

Name: MRS S.Z.L MKHIZE OR MRS A SOMARU

Email: zoe.mkhize@kznhealth.gov.za OR annaline.somaru@kznhealth.gov.za

**Contact Number:** 036 637 9600 EXT. 140,139,128

Finance Manager Name: MISS L.P. ZONDI

Finance Manager Signature:

No late quotes will be considered