

Contact Number:

## **Quotation Advert**

Opening Date:	20/07/2018	田
Closing Date:	27/07/2018	
Closing Time:	11:00	2.22
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	oxdot
Province:	KwaZulu-Natai	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	SCM	
Date Submitted	17/07/2018	No.
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: ZNQ: B1143/17-18	
Item Category:	Goods	$\overline{\Sigma}$
Item Description:	RECONSTITUTION DEVICE FOR MIXING AND TRANSFERING IV FLUIDS FROM VIAL TO TH BAG	
Quantity (if supplies)	200 POUCHES	
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	$\nabla$
Date :		 हिंग
Time:		ELL
Venue:		
QUOTES CAN BE COLLECTED FROM:	NGWELEZANE HOSP[ITAL THANDUYISE ROAD SCM DEPT	
QUOTES SHOULD BE DELIVERED TO:	THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD	
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	RT MKHUMBUZI/ NS MNGOMEZULU	
Email:	nomathandazo.mngomezulu@kznhealth.gov.za	

035 901 7228

Page 2 o



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