




Quotation Advert

Opening Date: 19/07/2018 

Closing Date: 27/07/2018 

Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: Itshelejuba hospital 

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required ITSHELEJUBA HOSPITAL

Date Submitted 19/07/2018 

ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ:
119/18/19

Item Category: Goods 

Item Description:
SYRINGE LUER SLIP 2ML (BOX/100) X 400 BOXES
SYRINGE LUER SLIP 5ML (BOX/100) X 400 BOXES
SYRINGE LUER SLIP 10ML (BOX/100) X 400 BOXES
SYRINGE LUER SLIP 20ML (BOX/100) X 200 BOXES

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: ITSHELEJUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA & PIET 
RETIEF TOWN

QUOTES SHOULD BE DELIVERED TO: ITSHELEJUBA HOSPITAL - TENDER BOX MAIN SECURITY GATE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: SAMU MAPHISA

Email: samukelisiwe.maphisa@kznhealth.gov.za

Contact Number:

Finance Manager Name:

034 413 4066

MR C NHLEKO

Finance Manager Signature:

A horizontal line with a handwritten signature in black ink written over it. The signature is a stylized, cursive representation of the name 'C Nhleko'.

No late quotes will be considered