

Quotation Advert

Opening Date:	17/07/2018	6000000 Pro 12.
Closing Date:	20/07/2018	
Closing Time:	11:00	1 23
INSTITUTION DETAILS		
Institution Name:	Zululand district office	:
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Zululand Health District Office	
Date Submitted	16/07/2018	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
W	21/18/19	
Item Category:	Goods	\
Item Description:	STAMPS FOR FINANCE	
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION	08	
Quantity (if supplies)	08	
Quantity (if supplies) COMPULSORY BRIEFING SESSION	08 / SITE VISIT	▽
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type:	08 / SITE VISIT	>
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date:	08 / SITE VISIT	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time:	08 / SITE VISIT	Y
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue:	08 / SITE VISIT	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER	08 / SITE VISIT Select	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	08 / SITE VISIT Select	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email:	08 / SITE VISIT Select RT MAY BE DIRECTED TO:	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email: Contact Number:	08 / SITE VISIT Select RT MAY BE DIRECTED TO: ST MHLUNGU	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email:	08 / SITE VISIT Select RT MAY BE DIRECTED TO: ST MHLUNGU thabisile.madela@kznhealth.gov.za	