

## **Quotation Advert**

Opening Date:	09/07/2018
Closing Date:	13/07/2018
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	KwaDabeka CHC
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	KwaDabeka Community Health Centre
Date Submitted	04/07/2018
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ:
	267/18
Item Category:	Goods
Item Description:	TABLE TOP AUTOCLAVE (AS PER ATTACHED H.T.S. SPECIFICATION)
Quantity (if supplies)	O1 UNIT
COMPULSORY BRIEFING SESSION /	SITE VISIT
Select Type:	Select
Date:	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT
QUOTES SHOULD BE DELIVERED TO:	4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:
Name:	SIMPHIWE MTHIYANE
Email:	Simphiwe.Mthiyane@kznhealth.gov.za
Contact Number:	031 714 3762
Finance Manager Name:	MRS ZONDI
Finance Manager Signature:	3