

## **Quotation Advert**

| Opening Date:                            | 27/07/2018  | <b>III</b>              |
|--|---|-------------------------|
| Closing Date:                            | 08/08/2018  |                         |
| Closing Time:                            | 11:00   |                         |
| INSTITUTION DETAILS                      |   |                         |
| Institution Name:                        | Ngwelezane hospital   |                         |
| Province:                                | KwaZulu-Natal   |                         |
| Department or Entity:                    | Department of Health  |                         |
| Division or section:                     | Central Supply Chain Management   |                         |
| Place where goods / services is required | SCM   |                         |
| Date Submitted                           | 24/07/2018  |                         |
| ITEM CATEGORY AND DETAILS                |   |                         |
| Quotation Number:                        | ZNQ:<br>ZNQ: 8691/18-19   | ,                       |
| Item Category:                           | Goods   | $\vee$                  |
| Item Description:                        | MEDICINE LABELS 70MMX37MM FOR LOTIONS/OINTMENTS (TO CLINIC NAME AND COLUMN FOR PATIENTS NAME & REGISTRATION NUMBER) |                         |
| Quantity (if supplies)                   | 05 ROLLS  | fethalessen             |
| COMPULSORY BRIEFING SESSION              | SITE VISIT  |                         |
| Select Type:                             | Not Applicable  | $\overline{\mathbf{v}}$ |
| Date:                                    |   | me.                     |
| Time:                                    |   |                         |
| Venue:                                   |   |                         |
| QUOTES CAN BE COLLECTED FROM:            | NGWELEZANE HOSPITAL THANDUYISE ROAD SCM DEPT  |                         |
| QUOTES SHOULD BE DELIVERED TO:           | THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD   | J                       |
| ENQUIRIES REGARDING THE ADVER            | RT MAY BE DIRECTED TO:  |                         |
| Name:                                    | RT MKHUMBUZI/ NS MNGOMEZULU   | Consessed               |
| Email:                                   | nomathandazo.mngomezulu@kznhealth.gov.za  | -                       |
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| inance Manager Name: | CE NICHTENIA |  |

Finance Manager Signature:

No late quotes will be considered

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