

Opening Date: 05/06/2018

Closing Date: 08/06/2018

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Greytown hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Stores

Date Submitted: 05/06/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
06/06/2018

Item Category: Goods

Item Description: Supply and deliver Vomitting bags 450ml

Quantity (if supplies): 200 Boxes

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Greytown Hospital (SCM) from 7:30am to 16:00pm Weekdays

QUOTES SHOULD BE DELIVERED TO: Greytown Hosp. Tender box next to main gate. or fax to 033-4132809

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Mr. S. Sosibo

Email: siyabonga.mzolo@kznhealth.gov.za

Contact Number: 033 4139 431 Ext:291

Finance Manager Name: Mr. R. Hannif

Finance Manager Signature: 

No late quotes will be considered