

## **Quotation Advert**

Opening Date:	11/06/2018	ຼ
Closing Date:	15/06/2018	œ
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	07/06/2018	102 223
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 177/18	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Item Category:	Services	$\nabla$
Item Description:	REQUESTING THE UPDATE OF THE APPLICATION OF NAME TAG (MAGIC CARD)	5 MACHINE
Quantity (if supplies)	01	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	$\nabla$
Date:		ijo.
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	04 KHULULEKA ROAD, KWADABEKA TOWNSHIP 3602	VIII TO THE TOTAL THE TOTAL TO THE TOTAL TOT
QUOTES SHOULD BE DELIVERED TO:	04 KHULULEKA ROAD, KWADABEKA TOWNSHIP 3602	
ENQUIRIES REGARDING THE ADVER	RT 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:	4	
No late quotes will be considered		