







## Quotation Advert

Opening Date:	<input type="text" value="12/06/2018"/>	
Closing Date:	<input type="text" value="28/06/2018"/>	
Closing Time:	<input type="text" value="11:00"/>	
<b>INSTITUTION DETAILS</b>		
Institution Name:	<input type="text" value="Stanger hospital"/>	
Province:	<input type="text" value="KwaZulu-Natal"/>	
Department or Entity:	<input type="text" value="Department of Health"/>	
Division or section:	<input type="text" value="Central Supply Chain Management"/>	
Place where goods / services is required	<input type="text" value="Stanger Hospital"/>	
Date Submitted	<input type="text" value="11/06/2018"/>	
<b>ITEM CATEGORY AND DETAILS</b>		
Quotation Number:	<input type="text" value="ZNQ: ZNB 63-2018/2019"/>	
Item Category:	<input type="text" value="Services"/>	
Item Description:	<input type="text" value="Major service to mini subs x 5"/>	
Quantity (if supplies)	<input type="text" value="5"/>	
<b>COMPULSORY BRIEFING SESSION / SITE VISIT</b>		
Select Type:	<input type="text" value="Not Applicable"/>	
Date :	<input type="text"/>	
Time:	<input type="text"/>	
Venue:	<input type="text"/>	
QUOTES CAN BE COLLECTED FROM:	<input type="text" value="Supply Chain Management Department Stanger Hospital"/>	
QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="Yellow box on the left pedestrian entrance, Security Division Stanger Hospital, Corner King Shaka and Paterson Street, KwaDukuza (no fax or email)"/>	
<b>ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:</b>		
Name:	<input type="text" value="Rhona Swartbboi"/>	
Email:	<input type="text" value="rona.swartbooi@kznhealth.gov.za"/>	
Contact Number:	<input type="text"/>	

032-4376024

**Finance Manager Name:**

Mr.J.B Naidoo

**Finance Manager Signature:**

A handwritten signature in black ink, appearing to read 'J. B. Naidoo', is written over a solid black horizontal line.

**No late quotes will be considered**