






## Quotation Advert

**Opening Date:** 08/06/2018   
**Closing Date:** 15/06/2018   
**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** EG & Usher Memorial hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** SCM EG USHER MOMERIAL HOSPITAL  
**Date Submitted** SCM E.G USHER MEMORIAL HOSPITAL 



### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
 EG 48/18/19  
**Item Category:** Services   
**Item Description:**

SERVICING OF THEATRE AUTOCLAVES

**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable   
**Date :**   
**Time:**  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** E.G USHER MEMORIAL HOSPITAL

**QUOTES SHOULD BE DELIVERED TO:** E.G USHER MEMORIAL HOSPITAL  
 E.G USHER MEMORIAL HOSPITAL

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

**Name:**

LWAZI/ONGEZIWE

**Email:**

lwazi.doko@kznhealth.gov.za

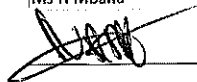
**Contact Number:**

039 797 8128/8121

**Finance Manager Name:**

Ms N Mbana

**Finance Manager Signature:**

A handwritten signature in black ink, appearing to be 'N Mbana', written over a horizontal line.

No late quotes will be considered