

Quotation Advert

Opening Date:	20/11/2018			
Closing Date:	27/11/2018			
Closing Time:	11:00			
INSTITUTION DETAILS				
Institution Name:	Newtown CHC			
Province:	KwaZulu-Natal			
Department or Entity:	Department of Health			
Division or section:	Central Supply Chain Management			
Place where goods / services is required	NEWTOWN CHC			
Date Submitted	16/11/2018			
ITEM CATEGORY AND DETAILS				
Quotation Number:	ZNQ: 154-18/19			
Item Category:	Goods			
Item Description:	SUPPLY AND FIT AIRCONDITIONERS			
Quantity (if supplies)	04			
COMPULSORY BRIEFING SESSION / S	ere visit			
Select Type:	Not Applicable			
Date:				
Time:				
Venue:				
QUOTES CAN BE COLLECTED FROM:	NEWTOWN CHC,A 1345 KING BHEKUZULU ROAD & NHLWATHI CRESCENT			
	NEWTOWN CHC TENDER BOX NEXT TO PATIENT ADMIN			

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

name:			

SANELE DLAMINI

Email:

Morrise.Dlamini@kznhealth.gov.za

Contact Number:

0315109801

Finance Manager Name:

Mr ST MKHIZE

Finance Manager Signature:

No late quotes will be considered