

## Quotation Advert

| Opening Date:                            | 02/44/92-5   |              |
|--|--|--------------|
| Closing Date:                            | 02/11/2018   | 100 promotes |
| Closing Time:                            | 14/11/2018   | [-42]        |
| INSTITUTION DETAILS                      | 11:00  |              |
| Institution Name:                        |  |              |
| Province:                                | Turton CHC   |              |
|  | KwaZulu-Natal  |              |
| Department or Entity:                    | Department of Health   |              |
| Division or section:                     | Central Supply Chain Management  |              |
| Place where goods / services is required | NYANGWINI CLINIC   |              |
| Date Submitted                           | 01/11/2018   | 99-30000<br> |
| ITEM CATEGORY AND DETAILS                |  |              |
| Quotation Number:                        | ZNQ:<br>176/1819   |              |
| Item Category:                           | Services   | 57724        |
| Item Description:                        | REPAIRS TO NYANGWINI CLINIC FENCE                                      |              |
| 2  |  |              |
| Quantity (if supplies)                   |  |              |
| COMPULSORY BRIEFING SESSION /            | SITE VISIT   |              |
| Select Type:                             | Compulsory Site Visit  | V            |
| Date :                                   | 06/11/2018   | processor.   |
| Time:                                    | 13:00  |              |
| Venue:                                   | NYANGWINI CLINIC   |              |
| QUOTES CAN BE COLLECTED FROM:            | NYANGWINI CLINIC   |              |
| QUOTES SHOULD BE DELIVERED TO:           | TURTON CHC UMZUMBE MAGISTRATE COART ROAD, MNAFU<br>AREA,MTHWALUME 4186 |              |
| ENQUIRIES REGARDING THE ADVERT           | MAY BE DIRECTED TO:  |              |
| Name:                                    | NOSINATHI HLOPHE   |              |
| Email:                                   | nkosinathi.hlophe@kznhealth.gov.za                                     |              |

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Contact Number:

## Finance Manager Name:

Finance Manager Signature:



No late quotes will be considered

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## Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.