

**Opening Date:** 28/11/2018

**Closing Date:** 06/12/2018

**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** Turton CHC

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** Turton CHC

**Date Submitted** 27/11/2018

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
201/1819

**Item Category:** Goods

**Item Description:** MISSION HB TEST STRIPS

**Quantity (if supplies)** 100 BOX

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Select...

**Date :**

**Time:**

**Venue:**

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:


**Name:** NOMBALI NDLOVU

**Email:** nombali.ndlovu@kznhealth.gov.za

**Contact Number:** 039 972 6023

**Finance Manager Name:** MISS N. BAAH

**Finance Manager Signature:**

  
No late quotes will be considered