

Quotation Advert

Opening Date:

Closing Date:

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name:

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required

Date Submitted

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:

Item Category:

Item Description:

**SUPPLY AND DELIVER
OCUUPATIONAL THERAPY**

LIST ATTACHED FOR VARIOUS ITEMS

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

**QUOTES SHOULD BE
DELIVERED TO:**

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

P Myeni

Email:

jozini.chc@gmail.com

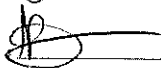
Contact Number:

0793899654/ 0658770490

Finance Manager Name:

B.L. Dufnelezi

Finance Manager Signature:



No late quotes will be considered