

Quotation Advert

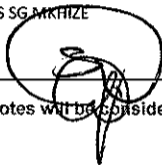
Opening Date:	03/12/2018	<input type="checkbox"/>
Closing Date:	11/12/2018	<input type="checkbox"/>
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Clairwood hospital	<input checked="" type="checkbox"/>
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	CLAIRWOOD HOSPITAL	
Date Submitted	30/11/2018	<input type="checkbox"/>
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 304/2018	
Item Category:	Services	<input checked="" type="checkbox"/>
Item Description:	UPGRADING OF ABLUTIONS AT WARD MS6.	
 Quantity (if supplies)		
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Compulsory Briefing Session	<input checked="" type="checkbox"/>
Date :	06/12/2018	<input type="checkbox"/>
Time:	09.00	
Venue:	CLAIRWOOD HOSPITAL,HIGGINSON HIGHWAY , MOBENI ,DURBAN	
QUOTES CAN BE COLLECTED FROM:	QUOTES WILL BE ISSUED AT THE SITE MEETING.	
QUOTES SHOULD BE DELIVERED TO:	DROP OFF QUOTATION AT CLAIRWOOD HOSPITAL TENDER BOX.	
 ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	MR VIS NAIDOO	
Email:	yuthran.naidoo@kznhealth.gov.za	
Contact Number:		

031 4515114



Finance Manager Name:

MRS SG MKHIZE

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'MRS SG MKHIZE', is written over a horizontal line. The signature is enclosed within a hand-drawn oval.

No late quotes will be considered

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ote:

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