

## Quotation Advert

**Opening Date:** 13/11/2018

**Closing Date:** 20/11/2018

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Itshelejuba hospital

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

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

**Place where goods / services is required** ITSHELEJUBA HOSPITAL

**Date Submitted** 12/11/2018

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
307/18/19

**Item Category:** Goods

**Item Description:**

SUPPLY & DELIVERY OF SYRINGE LUER SLIP DISPOSABLE 2ML X 250 BOXES  
SYRINGER LUE SLIP DISPOSABLE 5ML X 150 BOXES (BOX OF 100)  
SYRINGE LUE SLIP DISPOSABLE 10ML X 200 BOXES (BOX OF 100)  
SYRINGE LUE SLIP DISPOSABLE 20ML X 100 BOXES (BOX OF 100)  
SYRINGE INSULIN DISPOSABLE 1ML X 200 BOXES (BOX OF 100)

**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** ITSHELEJUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA & PIET RETIEF TOWN

**QUOTES SHOULD BE DELIVERED TO:** ITSHELEJUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA & PIET RETIEF TOWN

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

**Name:** SAMU MAPHISA

**Email:** Samukelisiwe.Maphisa@kznhealth.gov.za

**Contact Number:**

Finance Manager Name:

034 413 4066/4061

MR.C. NHLEKO

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'MR.C. NHLEKO', written over a horizontal line. The signature is somewhat stylized and overlaps the line.

No late quotes will be considered

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