

Contact Number:

Quotation Advert

| Opening Date: | 03/12/2018 | [][0] |
|--|--|---|
| Closing Date: | 10/12/2018 | [310] |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Nkonjeni hospital | $\mathbf{\nabla}$ |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | Nkonjeni Hospital | |
| Date Submitted | 30/11/2018 | [220] |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: 447/18/19 | |
| Item Category: | Goods | V |
| Quantity (if supplies) | Suplly and install 1.6mx2mm curtain velvet material maroon supply and install 5.1 x 27m stage curtain velvet material supply and install 2.2m single track curtain rails white | |
| COMPULSORY BRIEFING SESSION | VEITE VISIT | |
| Select Type: | Not Applicable | V |
| Date: | Not Applicable | mo |
| Time: | | I Ment |
| Venue: | , | |
| QUOTES CAN BE COLLECTED FROM: | SCM nKONJENI hOSPITAL FROM 08h00 to 16 h00 | |
| QUOTES SHOULD BE DELIVERED TO: | Nkonjeni Hospital tender box situated at the security main gate | |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| Name: | Miss P.T. Dlamini | |
| Email: | thulisibalukhulu@gmail.com or Thokozane.Khumalo@kznhealth.go | *************************************** |

AdvertQuote - New Form

Submit Save Save As... Close Print Preview



Print this page

Note:

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