

Quotation Advert

Opening Date:

Closing Date:

Closing Time:

INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required

Date Submitted

ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

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:

MR A N GUMEDE

Email:

andile.gumede@kznhealth.gov.za

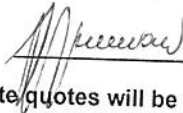
Contact Number:

0355920150EXT 212

Finance Manager Name:

T.L. Vranase

Finance Manager Signature:



No late quotes will be considered

UMNYANGO WEZEMPILO KWAZULU NATAL
DEPARTMENT OF KWAZULU-NATAL
DEPARTMENTAL FINANCE SECTION

09-11-2018

MANGUZI HOSPITAL
PRIVATE BAG X301
KWANGWANASE 3973