

# 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. Vumaso

Finance Manager Signature:

*T.L. Vumaso*

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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