

# Quotation Advert

**Opening Date:**

**Closing Date:**

**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:**

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

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

**Place where goods / services is required**

**Date Submitted**

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:

**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. VUMASE

Finance Manager Signature: *[Handwritten 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