o XX	health	
	Department: Health PROVINCE OF	KWAZULU-NATAL

**Contact Number:** 

## **Quotation Advert**

PROVINCE OF KWAZULU-NATAL	200tation / (0VC) (	
Opening Date:	23/11/2018	is-1
Closing Date:	04/12/2018	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Charles Johnson Memorial hospital	
Province:	KwaZulu-Natal	$\Box$
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	CJM HOSPITAL	
Date Submitted	23/11/2018	
ITEM CATEGORY AND DETAILS	23/17/2010	#8
Quotation Number:	ZNQ: 00527/2018-19	
Item Category:	Goods	V
Item Description:	SUPPLY AND DELIVER A4 LABELS WHITE 70 X 30 MM (470 PKT) SELF ADHESIVE BARCODES LABEL FOR PATRON CARDS 1000 LABELS PER ROOL WRITTEN CIM (04 ROLLS )	
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	[V]
Date:		
Time:		
Venue:		:
QUOTES CAN BE COLLECTED FROM:	CHARLES JOHNSON MEMORIAL HOSPITAL LOT 92 HLUBI STREET NQUI	ΓU
QUOTES SHOULD BE DELIVERED TO:	CHARLES JOHNSON MEMORIAL HOSPITAL ON THE TENDER BOX NEXT TO OPD GATE	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	•
Name:	B. MABASO	
Email:	vusumuzi.mabaso@kznhealth.gov.za	

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Finance Manager Name: Finance Manager Signature:

No late quotes will be considered

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