




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:

SCM

QUOTES SHOULD BE DELIVERED TO:

KING DINUZULU TENDER BOX -FOYER

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

DUMISANI LUTHULI

Email:

dumisani.luthuli@kznhealth.gov.za

Contact Number:

031-2426063

Finance Manager Name:

MR.S.REDDY

Finance Manager Signature:

pp. Reddy

No late quotes will be considered