

Opening Date: 16/11/2018

Closing Date: 29/11/2018

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: St Chads CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required ST CHADS CHC

Date Submitted 15/11/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
83/18-19 MNT

Item Category: Services

Item Description: SERVICE PROVIDER TO RE-DIRECT SEWER TO CORRECT SEWER LINE

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit

Date : 22/11/2018

Time: 10:00 AM

Venue: EKUVUKENI CLINIC

QUOTES CAN BE COLLECTED FROM: ON SITE AT EKUVUKENI CLINIC

QUOTES SHOULD BE DELIVERED TO: TO BE DEPOSITED TO THE TENDER BOX AT ST CHADS SECURITY MAIN GATE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MRS SZL MKHIZE OR MRS A SOMARU
Email: zoe.mkhize@kznhealth.gov.za OR annaline.somaru@kznhealth.gov.za
Contact Number: 036 637 6900 ext 139,128,140
Finance Manager Name: MISS L.P ZONDI

Finance Manager Signature: 

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No late quotes will be considered