

Quotation Advert

Opening Date: 21/11/2018 
Closing Date: 28/11/2018 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Ngwelezane hospital 
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:
A229/17-19
Item Category: Goods 
Item Description: PORTABLE AUTOCLAVE

Quantity (if supplies) 2

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: NGWELEZANE HOSPITAL STORES (SCM) DEPT

QUOTES SHOULD BE DELIVERED TO: NGWELEZANE HOSPITAL TENDER BOX NEXT TO OPD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: N.S MNGOMEZULU/R.T MKHUMBUZI
Email: nomathandazo.mngomezulu@kznhealth
Contact Number:

0359017228


Finance Manager Name:

MR S.E NGWENYA

Finance Manager Signature:



No late quotes will be considered

 Submit  Save  Save As...  Close  Print Preview

Print this page

Note:

1. The completed Quotation Advert must be printed and signed by the Finance Manager.