

Quotation Advert

Closing Time: 11:00 INSTITUTION DETAILS Institution Name: Murchison 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 14/11/2018 ITEM CATEGORY AND DETAILS Quotation Number: ZNO: MH2:19/18/19 Item Category: Goods Item Description: PHOTOCOPY PAPER A4 Quantity (if supplies) 1000 REAMS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Nort Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: Siboniso Email: scm.murchisonhospital@kznhealth.gov.za Contact Number: 039 687 7311 ext. 170 Finance Manager Name: Mr. C.8. Xolo No late quotes will be Vonsidered	Opening Date:	16/11/2018
INSTITUTION DETAILS Institution Name: Murchison 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 14/11/2018 ITEM CATEGORY AND DETAILS Quotation Number: ZNO: MH219/18/19 Item Category: Goods Item Description: PHOTOCOPY PAPER A4 Quantity (if supplies) 1000 REAMS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: Siboniso Email: scm.murchisonhospital@kznhealth.gov.za Contact Number: 039 687 7311 ext. 170 Finance Manager Name: Mr. C.B. Xio Finance Manager Signature:	Closing Date:	26/11/2018
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