| health Department: Health PROVINCE OF KWAZULU-NATAL | Quotation Advert | |
|---|--|-----------|
| Opening Date: | 25/10/2018 | |
| Closing Date: | 02/11/2018 | |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Port Shepstone hospital | |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | PORT SHEPSTONE HOSPITAL | |
| Date Submitted | 25/10/2018 | |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: PSH 1065-1819 | |
| Item Category: | Goods | |
| Item Description: | COMFORT PACKS | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Quantity (if supplies) | VARIOUS | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Select | |
| Date: | | |
| Time: | | |
| Venue: | | |
| | | |
| QUOTES CAN BE COLLECTED FROM: | NO 7 BAZLEY STREE | <u>^</u> |
| | PORT SHEPSTONE HOSPITAL | |
| QUOTES SHOULD BE DELIVERED TO: | NO 7 BAZLEY STREET PORT SHEPSTONE HOSPITAL | \$ |
| ENQUIRIES REGARDING THE ADVER | RT MAY BE DIRECTED TO: | |
| Name: | MR S.M CELE | |
| Email: | surendra.premnadu@kznhealth.gov.za | |
| Contact Number: | 039-688 6129 | |
| Finance Manager Name: | MR. NSB RADEBE | |
| | | |

http://portal.kznhealth.gov.za/components/scm/_layouts/15/Print.FormServer.aspx

Finance Manager Signature: