

Email:

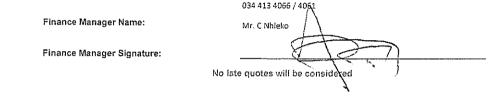
Contact Number:

## **Quotation Advert**

Opening Date:	30/10/2018	
Closing Date:	05/11/2018	(Townson)
Closing Time:	11:00	Same or
INSTITUTION DETAILS		
Institution Name:	Itshelejuba hospital	<u>~</u>
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	ITSHELEJUBA HOSPITAL	
Date Submitted	29/10/2018	parent 
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 147/18/19	
Item Category:	Goods	<u> </u>
Item Description:	SUPPLY & DELIVERY ENDOTRACHEAL TUBE	$\neg$
	3,0 × 4,6MM (BOX/10) X 100 BOXES 2,0 × 3,4MM (BOX/05) X 50 BOXES 3,5 X 5,2MM (BOX/10) X 100 BOXES ALL TUBES MUST BE FLEXIBLE & WITHOUT CUFFS	
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	<b>V</b>
Date:		GURNES 1 7
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	ITSHELEJUBA HOSPITAL -A LONG N2 ROAD BETWEEN PONGOLA & PIET RETIEF TOWN	Ŷ
QUOTES SHOULD BE DELIVERED TO:	ITSHELEIUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA & PIET RETIEF TOWN	
ENQUIRIES REGARDING THE ADVERT	MAY BE DIRECTED TO:	
Name:	CAMIL MADDICA	

SAMU MAPHISA

samukelisiwe.maphisa@kznhealth.gov.za



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