

## Quotation Advert

**Opening Date:** 22/10/2018  
**Closing Date:** 25/10/2018  
**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Itshelejuba hospital  
**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** 19/10/2018

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
280/18/19  
**Item Category:** Services

**Item Description:**

MALE MEDICAL CIRCUMSION CATERING  
09.11.2018 @ ITSHELEJUBA HOSPITAL X 50 PPL  
23.11.2018 @ BELGRADE CLINIC X 50 PPL  
FULL SPECIFICATION AVAILABLE WITH QUOTATION  
NB: ONLY SUPPLIERS WHO ARE REGISTERED CATERING AS A COMMODITY  
WILL BE CONSIDERED

**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** ITSHELEJUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA  
PONGOLA & PIET RETIEF TOWN

**QUOTES SHOULD BE DELIVERED TO:** ITSHELEJUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA & PIET  
RETIEF TOWN

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

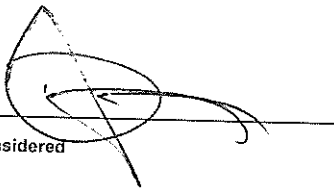
**Name:** SAMU MAPHSA  
**Email:** samukelisiwe.maphisa@kznhealth.gov.za  
**Contact Number:**

Finance Manager Name:

034 413 4066 / 4061

Mr. C Nhleko

Finance Manager Signature:

A handwritten signature in black ink, consisting of a large loop and a long horizontal stroke, written over a solid horizontal line.

No late quotes will be considered

Submit Save Save As... Close Print Preview

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Note:

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

2 A signed copy of the Quotation must be submitted to the Finance Manager.