

Quotation Advert

Opening Date:	22/10/2018
Closing Date:	31/10/2018
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Church of Scotland hospital
Province:	KwaZuiu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods I services is required	SCM - Stores
Date Submitted	19/10/2018
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: ZNQ: 343/18-19
item Category:	Goods
Item Description:	SUPPLY AND DELIVER DOMESTIC FRIGDE METALLIC 385 LT
Quantity (if supplies)	09 UNITS
Quantity (if supplies) COMPULSORY BRIEFING SESSION /	
COMPULSORY BRIEFING SESSION /	SITE VISIT
COMPULSORY BRIEFING SESSION / Select Type:	SITE VISIT Not Applicable
COMPULSORY BRIEFING SESSION / Select Type: Date:	SITE VISIT Not Applicable
COMPULSORY BRIEFING SESSION / Select Type: Date: Time:	SITE VISIT Not Applicable
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue:	SITE VISIT Not Applicable
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM:	Not Applicable
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	Not Applicable
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER	Not Applicable T MAY BE DIRECTED TO: Miss Z. Thwala
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME:	Not Applicable Image: Applicable T MAY BE DIRECTED TO: [Miss Z. Thwala]Thwala Zakithi@kznhealth.gov.za
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email:	Not Applicable T MAY BE DIRECTED TO: [Miss Z. Thwala [Thwala Zakithi@kznhealth.gov.za]033 493 1034 / 4159 / 4123
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER Name: Email: Contact Number:	Not Applicable T MAY BE DIRECTED TO: [Miss Z. Thwala [Thwala Zakithi@kznhealth.gov.za [033 493 1034 / 4159 / 4123