

Contact Number:

## **Quotation Advert**

| Opening Date:                            | 03/10/2018                                | H.                      |
|--|---|-------------------------|
| Closing Date:                            | 10/10/2018                                | He                      |
| Closing Time:                            | 11:00                                     |                         |
| INSTITUTION DETAILS                      |   |                         |
| Institution Name:                        | EG & Usher Memorial hospital              | V                       |
| Province:                                | KwaZulu-Natal                             |                         |
| Department or Entity:                    | Department of Health                      |                         |
| Division or section:                     | Central Supply Chain Management           |                         |
| Place where goods / services is required | EG & Usher Memorial Hospital Supply Chain |                         |
| Date Submitted                           | 02/10/2018                                |                         |
| ITEM CATEGORY AND DETAILS                |   |                         |
| Quotation Number:                        | ZNQ:<br>352/18/19                         |                         |
| Item Category:                           | Goods                                     | V                       |
| Item Description:                        | BOX FILES                                 |                         |
|  |   |                         |
|  |   |                         |
|  |   |                         |
|  |   |                         |
|  |   |                         |
|  |   |                         |
| Quantity (If supplies)                   |   |                         |
| COMPULSORY BRIEFING SESSION /            | SITE VISIT                                |                         |
| Select Type:                             | Not Applicable                            | $\overline{\mathbf{v}}$ |
| Date :                                   |   | 19                      |
| Time:                                    |   |                         |
| Venue:                                   |   |                         |
| CHOTES ON DE COMPONER EDOM               |   |                         |
| QUOTES CAN BE COLLECTED FROM:            |   |                         |
| QUOTES SHOULD BE DELIVERED TO:           |   |                         |
| ENQUIRIES REGARDING THE ADVER            | DT MAY BE DIRECTED TO                     |                         |
| Name:                                    | MS B XHAYA                                |                         |
| Email:                                   | •   |                         |
| <del></del>                              | Bongeka.Xhaya@kznhealth.gov.za            |                         |

MS N MBANA

039 797 8145

No late quotes will be considered

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