	health	
	Department: Health PROVINCE OF KWAZULU-N	ATAL

Quotation Advert

Opening Date:	TOTAL STATE OF THE	
Closing Date:	02/11/2018	F
Closing Time:	09/11/2018	ES
INSTITUTION DETAILS	11:00	end
Institution Name:		
Province:	Emmaus hospital	$\overline{\mathbf{v}}$
Department or Entity:	KwaZulu-Natai	<u></u>
Division or section:	Department of Health	
	Central Supply Chain Management	
Place where goods / services is require Date Submitted	ed EMMAUS HOSPITAL	
	30/10/2018	200014
ITEM CATEGORY AND DETAILS		10
Quotation Number:	ZNQ:	
Item Category:	363/08/18	
Item Description:	Services	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}ol}}}}}}}}}}}}}}}$
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Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	20	
Select Type:	V / SITE VISIT	
Date :	Select	$\overline{\mathbf{v}}$
Time:		
Venue: -		
QUOTES CAN BE COLLECTED FROM:		
ar corrected tKOW:	EMMAUS HOSPITAL SUPPLY CHAIN MANAGEMENT	
QUOTES SHOULD BE DELIVERED TO:	EMMAIIS HOSDITAL MANAGES	
	EMMAUS HOSPITAL MANAGEMENT TENDER BOX	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
	VUYI SHOZI	
mail;	sabelo.hlongwane@kznhealth.gov.za	
Contact Number:	036 488 8211	
inance Manager Name:	S.W MFUPHI	
	S.TT MILUPHI 1	
inance Manager Signature:		