

Quotation Advert

and the second s		
Opening Date:	04/10/2018	e a
Closing Date:	11/10/2018	\$\$\$\ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Closing Time:	11:00	4001
INSTITUTION DETAILS		
Institution Name:	Bethesda hospital	~
Province:	KwaZulu-Natal	'unani
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Bethesda Hospital	
Date Submitted	03/10/2018	**************************************
ITEM CATEGORY AND DETAILS		(Aures)
Quotation Number:	ZNQ: 427/18/19	
Item Category:	Goods	·~
Item Description:		^
	DOUBLE BED BASE 137CM 10 YEARS GUARANTEE	
	THREE QUARTER BED 107 CM COMFORT ZONE LAYER	
		*
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	V / SITE VISIT	
Select Type:	Not Applicable	\square
Date:	1	83
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:		
ENQUIRIES REGARDING THE ADV	ERT MAY BE DIRECTED TO:	
Name:	BP Mthembu	
Email:	bongumusa.mthembu@kznhealth.gov.za	
Contact Number:	035 595 3187	
Finance Manager Name:	HH NXMALO	
Finance Manager Signature:	AR P	

No late quotes will be considered