

Quotation Advert

Finance Manager Signature:	M
Finance Manager Name:	MRS ZONDI
Contact Number:	031 714 3762
Email:	Simphiwe.Mthiyane@kznhealth.gov.za
Name:	SIMPHIWE MTHIYANE
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
QUOTES SHOULD BE DELIVERED TO:	04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX
QUOTES CAN BE COLLECTED FROM:	04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT
Venue:	
Time:	
Date:	
Select Type:	Select
COMPULSORY BRIEFING SESSION /	SITE VISIT
Quantity (if supplies)	01 UNIT
item Description:	LINEAR PROBE
Item Category:	Goods
Quotation Number:	ZNQ: 432/18
ITEM CATEGORY AND DETAILS	
Date Submitted	04/10/2018
Place where goods / services is required	KwaDabeka CHC
Division or section:	Central Supply Chain Management
Department or Entity:	Department of Health
Province:	KwaZulu-Natal
INSTITUTION DETAILS Institution Name:	KwaDabeka CHC
Closing Time:	11:00
Closing Date:	12/10/2018
Opening Date:	08/10/2018
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No late quotes will be considered