

Quotation Advert

Opening Date:	22/10/2018
Closing Date:	26/10/2018
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	KwaDabeka CHC
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	KwaDabeka CHC
Date Submitted	18/10/2018
ITEM CATEGORY AND DETAILS	Leader to the substitute and a substitute and a substitute of the substitute and a substitu
Quotation Number:	ZNQ:
	445/18
Item Category:	Goods
Item Description:	HAEMOGLOBIN (HB TEST MACHINE) RAPID TEST MACHINE
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Quantity (if supplies)	20 UNITS
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	Select
Date :	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT
	Properties (CP-407/CP-7) A SIGNATURAN (A) (A) of the signature and a section of the signature
QUOTES SHOULD BE DELIVERED TO:	04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:
Name:	SIMPHIWE MTHIYANE
Email:	Simphiwe.Mthiyane@kznhealth.gov.za
Contact Number:	031 714 3762
Finance Manager Name:	MRS ZONDI
	CAA
Finance Manager Signature:	101

No late quotes will be considered