

Quotation Advert

| Opening Date: | 22/10/2018 |
|---|--|
| Closing Date: | 26/10/2018 |
| Closing Time: | 11:90 |
| 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 | |
| Quotation Number: | ZNQ: |
| | 458/18 |
| Item Category: | Gaods |
| Item Description: | OFFICE CHAIRS WITH ARMREST - BLACK IN COLOUR - 17 UNITS |
| | HIGH BACK SWIVEL CHAIRS, TILTING - BURGANDY IN COLOUR - 03 UNITS |
| e de la companya de | EL LA |
| • | |
| | |
| • | |
| | |
| Quantity (if supplies) | 20 UNITS |
| COMPULSORY BRIEFING SESSION / SITE VISIT | |
| Select Type: | Select |
| Date : | Control Contro |
| | |
| Time: | |
| Venue: | |
| | |
| QUOTES CAN BE COLLECTED FROM: | 04 KHULULEKA DRIVE, KWAOABEKA TOWNSHIP - STORE DEPARTMENT |
| QUOTES SHOULD BE DELIVERED TO: | 04 KHULULEKA DRIVE, KWADABEKA TOENSHIP - TENDER BOX |
| | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | |
| Name: | SIMPHIWE MTHIYANE |
| Email: | Simphiwe.Mthlyane@kznhealth.gov.za |
| Contact Number: | 031 714 3762 |
| Finance Manager Name: | MRS-ZONDI |
| | (AA) |
| Finance Manager Signature: | |

No late quotes will be considered