

Quotation Advert

| Email: | Simphiwe.Mthiyane@kznhealth.gov.za |
|---|---|
| Name: | SIMPHIWE MTHIYANE |
| ENQUIRIES REGARDING THE ADVERT 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 |
| COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select | |
| Quantity (if supplies) | 02 UNITS |
| 0 | |
| | |
| | |
| item Description: | TWO SIDE WAY TAPE 4mm THICKNESS 5M LONG |
| Item Category: | Goods |
| | 485/18 |
| Quotation Number: | ZNQ: |
| ITEM CATEGORY AND DETAILS | Total College (10-10) to the College (10-10) |
| Date Submitted | 18/10/2018 |
| 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: | Gus Dabaka CHO |
| Closing Time: | 11:00 |
| Closing Date: | 26/10/2018 |
| | 22/10/2018 |
| Opening Date: | 22/40/2010 |

No late quotes will be considered