

## **Quotation Advert**

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|--|---|--------------|
| Opening Date:  | 15/10/2018  |              |
| Closing Date:  | 22/10/2018  |              |
| Closing Time:  | 11:00   |              |
| INSTITUTION DETAILS  |   |              |
| Institution Name:  | St Francis hospital                               |              |
| Province:  | KwaZulu-Natal                                     | i.m.J        |
| Department or Entity:  | Department of Health                              |              |
| Division or section:   | Central Supply Chain Management                   |              |
| Place where goods / services is required   | ST FRANCIS HOSPITAL SUPPLY CHAIN                  |              |
| Date Submitted   | 11/10/2018  | 2000         |
| ITEM CATEGORY AND DETAILS  |   | . 🖽          |
| Quotation Number:  | ZNQ:  |              |
| Item Category:   | 69/2018/19  | /            |
|  | Goods   | Ŋ            |
| Item Description:  | BOILER SUIT - GREEN<br>80/20 POLY COTTON          |              |
|  | ROUND NECK T-SHIRT (BLACK)<br>100% COTTON         |              |
| Quantity (if supplies) COMPULSORY BRIEFING SESSION   | 21 SETS & 21 EACH                                 |              |
| Select Type:   |   |              |
| Date :   | Not Applicable                                    | ~            |
| Time:  |   | te di        |
| Venue:   |   |              |
| QUOTES CAN BE COLLECTED FROM:  | ST FRANCIS HOSPITAL                               |              |
| QUOTES SHOULD BE DELIVERED TO:   | ST FRANCIS HOSPITAL TENDER BOX NEXT TO PSYCH WARD |              |
| ENQUIRIES REGARDING THE ADVE   | OT MAY BE DIGERTED TO.                            |              |
| Name:  |   |              |
| Email:   | MISS R.M MBATHA                                   |              |
| Contact Number:  | Samkellsiwe.Gumede@kznheaith.gov.za               | .,,          |
| Finance Manager Name:  | 035 873 0203 EXT 141                              |              |
| · ····································   | MISS M.P. SITHOLE                                 | i            |
| Finance Manager Signature:   | ( H   | <del>-</del> |
| No   | late quotes will ered                             |              |