

## **Quotation Advert**

| PROVINCE OF KWAZULU-NATAL                |                                   |                |
|--|-----------------------------------|----------------|
| Opening Date:                            | 09/10/2018                        |                |
| Closing Date:                            | 12/10/2018                        |                |
| Closing Time:                            | 11:00                             | P.C 1          |
| INSTITUTION DETAILS                      |                                   |                |
| Institution Name:                        | Zululand district office          | Γ <b>∨</b> ]   |
| Province:                                | KwaZulu-Natal                     | ·              |
| Department or Entity:                    | Department of Health              |                |
| Division or section:                     | Central Supply Chain Management   |                |
| Place where goods / services is required | Zululand Health District Office   |                |
| Date Submitted                           | 08/10/2018                        |                |
| ITEM CATEGORY AND DETAILS                |                                   | volume.        |
| Quotation Number:                        | ZNQ:<br>71/18/19                  |                |
| Item Category:                           | Goods                             | $\subseteq$    |
| Item Description:                        | PLASTIC PALETS                    |                |
|  |                                   |                |
| Quantity (if supplies)                   | 04 UNITS                          |                |
| COMPULSORY BRIEFING SESSION / SITE VISIT |                                   |                |
| Select Type:                             | Not Applicable                    | <b>Y</b>       |
| Date :                                   |                                   | 77.55<br>11.10 |
| Time:                                    |                                   | VIII.          |
| Venue:                                   |                                   |                |
| QUOTES CAN BE COLLECTED FROM:            | ZULULAND HEALTH DISTRICT OFFICE   |                |
| QUOTES SHOULD BE DELIVERED TO:           | ZULULAND HEALTH DISTRICT OFFICE   |                |
| ENQUIRIES REGARDING THE ADVE             | RT MAY BE DIRECTED TO:            |                |
| Name:                                    | S.T.MHLUNGU                       |                |
| Email:                                   | thabisile.madela@kznhealth.gov.za |                |
| Contact Number:                          | 0358740681                        |                |
| Finance Manager Name:                    | SIRITA BL                         |                |
| Finance Manager Signature:               | Bebuy                             |                |
| No                                       | late quotes will be considered    |                |