

## **Quotation Advert**

Opening Date:		
Closing Date:	19/10/2018	C
_	24/10/2018	.2
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Zululand district office	[V]
Province:	KwaZulu-Natal	<del></del>
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	18/10/2018	,
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 88/18/19	
Item Category:	Goods	4. 3
Item Description:	HIGH BACK SWIVEL CHAIR LEATHER LOOK	
Quantity (if supplies)	01 UNIT	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	<b></b> □
Date :		<u></u>
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	ZULULAND HEALTH DISTRICT OFFICE	
QUOTES SHOULD BE DELIVERED TO:	ZULULAND HEALTH DISTRICT OFFICE	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
Name:	S.T.MHLUNGU	
Email:	thabisile.madela@kznhealth.gov.za	
Contact Number:	<b>/258</b> 740681	
Finance Manager Name;	(W)	
Finance Manager Signature:	Jane Co lunch	

No late quotes will be considered