

## **Quotation Advert**

| PROVINCE OF KWAZULU-KATAL                | ·                                 |  |
|--|-----------------------------------|--|
| Opening Date:                            | 19/10/2018                        | Annual State of the State of th |
| Closing Date:                            | 24/10/2018                        |  |
| Closing Time:                            | 11:00                             |  |
| INSTITUTION DETAILS                      |                                   |  |
| Institution Name:                        | Zululand district office          |  |
| Province:                                | KwaZulu-Natal                     | <u>의</u>   |
| 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:                              |  |
| Item Category:                           | 90/18/19                          |  |
| Item Description:                        | Goods                             | abla   |
|  | GARDEN SPADE AND PLASTIC RAKE     |  |
| Quantity (if supplies)                   | 04 UNITS                          |  |
| COMPULSORY BRIEFING SESSION              | N / SITE VISIT                    |  |
| Select Type:                             | Not Applicable                    |  |
| Date :                                   |                                   |  |
| Time:                                    |                                   |  |
| Venue:                                   |                                   |  |
| QUOTES CAN BE COLLECTED FROM:            | ZULULAND HEALTH DISTRICT OFFICE   |  |
| QUOTES SHOULD BE DELIVERED TO:           | ZULULAND HEALTH DISTRICT OFFICE   |  |
| ENQUIRIES REGARDING THE ADVI             | ERT MAY BE DIRECTED TO:           |  |
| Name:                                    | S.T.MHŁUNGU                       |  |
| Email:<br>-                              | thabisile.madela@kznhealth.gov.za |  |
| Contact Number:                          | 9358740681                        |  |
| Finance Manager Name:                    | $(X)_{i}$                         |  |
| Finance Manager Signature:               | Www.                              |  |

No late quotes will be considered