

## **Quotation Advert**

| Opening Date:                            | 19 OCTOBER 2018                               |
|--|---|
| Closing Date:                            | 26 OCTOBER 2018                               |
| Closing Time:                            | 11:00   |
| INSTITUTION DETAILS                      |   |
| Institution Name:                        | Madadeni hospital                             |
| Province:                                | KwaZulu-Natal                                 |
| Department or Entity:                    | Department of Health                          |
| Division or section:                     | Central Supply Chain Management               |
| Place where goods / services is required | MADADENI HOSPITAL                             |
| Date Submitted                           | 18 October 2018                               |
| ITEM CATEGORY AND DETAILS                | 15 OCIOBER 2018                               |
| Quotation Number:                        | ZNQ:<br>910/18/19                             |
| Item Category:                           | Goods   |
| Item Description:                        | SUPPLY AND DELIVER BOX FREEZER/ CHEST FREEZER |
| Quantity (if supplies)                   | 01 UNITS                                      |
| COMPULSORY BRIEFING SESSION /            | SITE VISIT                                    |
| Select Type:                             | Select  |
| Date :                                   |   |
| Time:-                                   |   |
| Venue:                                   |   |
| QUOTES CAN BE COLLECTED FROM:            | MADADENI HOSPITAL (SCM)                       |
| QUOTES SHOULD BE DELIVERED TO:           | MADADENI HOSPITAL (ADMINISTRATION)            |
| ENQUIRIES REGARDING THE ADVER            | T MAY BE DIRECTED TO:                         |
| Name:                                    | MR MXOLISI MKHULISA                           |
| Email:                                   | Mxolisi. Mkhulisa@kznhealth                   |
| Contact Number:                          | 034 328 8330                                  |
| Finance Manager Name:                    | MR M.P MSOMI                                  |
| Finance Manager Signature:               |   |
| No lai                                   | te quotes will be considered                  |