

Quotation Advert

Closing Date: Closing Time: III.00 INSTITUTION DETAILS Institution Name: Province: Department or Entity: Department or Entity: Division or section: Place where goods / services is required Date Submitted Date Submit	PROVINCE OF KWAZULU-NATAL	Quotation Advert
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 Date Submitted Date Submitted ITEM CATEGORY AND DETAILS Quotation Number: ZNO: 911/18/19 Item Category: Goods Item Description: SUPPLY AND DELIVER WATER COOLER Quantity (if supplies) Q2 UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Date: Select Time: Venue: MADADENI HOSPITAL (SCM) QUOTES CAN BE COLLECTED FROM: MADADENI HOSPITAL (SCM) QUOTES SHOULD BE DELIVERED TO: MADADENI HOSPITAL (ADMINISTRATION) ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: MR MXCULSI MKHUUISA Mane: MR MXCULSI MKHUUISA MKOISI-MKHUUISA MKOISI-MKHUUISA MK MISI-MKHUUISA MK MISI-MKHUUISA MK MISI-MKHUUISA MK MISI-MKHUUISA MK MISI-MKHUUISA MK MKOLUSI MKHUUISA MK MISI-MKHUUISA MK MISI-MKHU		
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No late quotes will be considered