

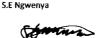
Email:

**Contact Number:** 

## **Quotation Advert**

Opening Date:	17/10/2018	111
Closing Date:	24/10/2018	770
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	V
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	THANDUYISE RD, NGWELEZANA T/SHIP EMPANGENI	
Date Submitted	15/10/2018	#e
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: A229/17-18	
Item Category:	Goods	~
Item Description:	PORTABLE AUTOCLAVE	
Quantity (if supplies)	2 UNITS	
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	[V]
Date :		
Time:		ttirti
Venue:		
QUOTES CAN BE COLLECTED FROM:	NGWELEZANE HOSPITAL, THANDUYISE ROAD, SCM DEPARTMENT	
QUOTES SHOULD BE DELIVERED TO:	NGWELEZANE HOSPITAL, TENDERBOX NEXT TO OPD	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
Name:	NS MNGOMEZULU/ RT MKHUMBUZI	

nomathandazo.mngomezulu@kznhealth.gov.za



No late quotes will be considered

035 901 7228

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## Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.