


## Quotation Advert

**Opening Date:** 17/10/2018 

**Closing Date:** 24/10/2018 

**Closing Time:** 11:00

### INSTITUTION DETAILS


**Institution Name:** Ngwelezane hospital 

**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 

### 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 

**Date :** 

**Time:**

**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 ADVERT MAY BE DIRECTED TO:

**Name:** NS MNGOMEZULU/ RT MKHUMBUZI

**Email:** nomathandazo.mngomezulu@kznhealth.gov.za

**Contact Number:**

035 901 7228

**Finance Manager Name:**





S.E Ngwenya

**Finance Manager Signature:**



---

**No late quotes will be considered**

 Submit |  Save | Save As... |  Close |  Print Preview

Print this page

## Note:

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

2. A signed copy of the Quotation Advert must be scanned and emailed to [scm.admin@lsh.co.za](mailto:scm.admin@lsh.co.za) for processing.