

Contact Number:

## **Quotation Advert**

Opening Date:	31/10/2018	/***** :;
Closing Date:	07/11/2018	enger- y
Closing Time:	11.00	
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	v
Province:	K⊮aZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	STORES DEPT NGWELEZANA HOSPITAL, THANDUYISE RO	)AD I
Date Submitted	30/10/2018	900.00.
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: A245/18-19	
Item Category:	Goods	<b>~</b> '
Item Description:	MISSION HB HEMOGLOBIN TEST STRIPS	
Quantity (if supplies)	200 STRIPS	
COMPULSORY BRIEFING SESSION /		
Select Type:	Not Applicable	<b>V</b>
Date:	•	none of the
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	SCM DEPT NGWELEZANA HOSPITAL , THANDUYISE ROAD	
QUOTES SHOULD BE DELIVERED TO:	THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD	
ENQUIRIES REGARDING THE ADVERT	T WAY BE DIRECTED TO:	
Name:	NS MNGOMEZULU/RT MKHUMBUZI	
Email:		

nomathandazo.mngomezulu@kznhealth.gov.za

Submit Save Save As... Close Print Preview

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Finance Manager Name:	Mr SE NGWENYA	
Finance Manager Signature:	88 wins	
	No late quotes will be considered	

035 901 7228/7180

Print lines page

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