




# Quotation Advert

**Opening Date:**    
**Closing Date:**    
**Closing Time:**

## INSTITUTION DETAILS

**Institution Name:**    
**Province:**   
**Department or Entity:**   
**Division or section:**   
**Place where goods / services is required**   
**Date Submitted**  

## ITEM CATEGORY AND DETAILS

**Quotation Number:**   
**Item Category:**    
**Item Description:**   
**Quantity (if supplies)**

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:**    
**Date :**    
**Time:**   
**Venue:**

**QUOTES CAN BE COLLECTED FROM:**

**QUOTES SHOULD BE DELIVERED TO:**

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:**   
**Email:**   
**Contact Number:**

035 901 7228





**Finance Manager Name:**

MR S.E NGWENYA

**Finance Manager Signature:**



**No late quotes will be considered**

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ote:

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 web administration: [webmaster@kznhealth.gov.za](mailto:webmaster@kznhealth.gov.za) for uploading to