

Email:

Contact Number:

Quotation Advert

| Opening Date: | 24/10/2018 | |
|--|---|----------|
| Closing Date: | 31/10/2018 | E |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | \vee |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | NGWELEZANE HOSPITAL THANDUYISERD, EMPANGENI | |
| Date Submitted | 23/10/2018 | 100 |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: B1119/17-18 | |
| Item Category: | Goods | V |
| Item Description: | DOSING PUMP FOR THE NEW MACHINE, TO INSTALL. IT MUST, BE AN UTOMATIC DOSING PUMPING THE LIQUID INTO THE WASHING ACHINE. | |
| Quantity (if supplies) | 01 SET | |
| COMPULSORY BRIEFING SESSION | / SITE VISIT | |
| Select Type: | Not Applicable | ∇ |
| Date: | | III |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | GWELEZANE HOSPÏTAL SCM DEPT | |
| QUOTES SHOULD BE DELIVERED TO: | GWELEZANE HOSPITAL TENDER BOX NEXT TO OPD | |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| Name: | N.S MNGOMEZULU/R.T MKHUMBUZI | =1 |

nomathandazo.mngomezulu@kznhealth.gov.za

Submit | 🔛 Save | Save As... | 🖸 Close | 🖨 Print Preview

| | 035 901 7228 |
|----------------------------|-----------------------------------|
| Finance Manager Name: | MR S.E NGWENYA |
| Finance Manager Signature: | Source |
| | No late quotes will be considered |

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