

Contact Number:

Quotation Advert

| PROVINCE OF KWAZOCU-MAIAC | | |
|--|---|-------------------------|
| Opening Date: | 17/10/2018 | |
| Closing Date: | 24/10/2018 | :0] |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | \sim |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | NGWELEZANE HOSPITAL, THANDUYISE RD, EMPANGENI | |
| Date Submitted | 16/10/2018 | - |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: | |
| | B695/18-19 | yaara j |
| Item Category: | Goods | $\mathbf{\Sigma}$ |
| Item Description: | CHOLESTEROL TESTING STRIPS | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Quantity (if supplies) | 20 BOTTLES OF 25 | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Not Applicable | $\overline{\mathbf{v}}$ |
| Date : | | 1.01 |
| Time: | | |
| Venue: | | |
| | | |
| QUOTES CAN BE COLLECTED FROM: | NGWELEZANE HOSPITAL SCM DEPT | |
| QUOTES SHOULD BE DELIVERED TO: | NGWELEZANE HOSPITAL TENDER BOX NEXT TO OPD | |
| ACCURACIONES DE DEMARRES 10. | - · · · - · · · · · · · · · · · · · · · | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | | |
| Name: | N.S MNGOMEZULU/ R.T MKHUMBUZI | |
| Email: | nomathandazo.mngomezulu@kznhealth.gov.za | |

Finance Manager Signature:

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| Finance Manager Name: | MR S.E NĢWENYA |
|-----------------------|----------------|
| | |

No late quotes will be considered

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