

## Quotation Advert

<b>Opening Date:</b>	17/10/2018	<input type="checkbox"/>
<b>Closing Date:</b>	24/10/2018	<input type="checkbox"/>
<b>Closing Time:</b>	11:00	
<b>INSTITUTION DETAILS</b>		
<b>Institution Name:</b>	Ngwelezane hospital	<input checked="" type="checkbox"/>
<b>Province:</b>	KwaZulu-Natal	
<b>Department or Entity:</b>	Department of Health	
<b>Division or section:</b>	Central Supply Chain Management	
<b>Place where goods / services is required</b>	NGWELEZANE HOSPITAL THANDUYIS ROAD EMPANGENI	
<b>Date Submitted</b>	16/10/2018	<input type="checkbox"/>
<b>ITEM CATEGORY AND DETAILS</b>		
<b>Quotation Number:</b>	ZNQ: M188/18-19	
<b>Item Category:</b>	Goods	<input checked="" type="checkbox"/>
<b>Item Description:</b>	SUPPLY THE ALLUMINIUM WINDOW FRAME GLASS 2.170MMX1.230MM	
<b>Quantity (if supplies)</b>	01 UNIT	
<b>COMPULSORY BRIEFING SESSION / SITE VISIT</b>		
<b>Select Type:</b>	Not Applicable	<input checked="" type="checkbox"/>
<b>Date :</b>		<input type="checkbox"/>
<b>Time:</b>		
<b>Venue:</b>		
<b>QUOTES CAN BE COLLECTED FROM:</b>	NGWELEZANE HOSPITAL SCM DEPT	
<b>QUOTES SHOULD BE DELIVERED TO:</b>	NGWELEZANE HOSPITAL TENDER BOX NEXT TO OPD	
<b>ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:</b>		
<b>Name:</b>	N.S MNGOMEZULU/ R.T MKHUMBUZI	
<b>Email:</b>	nomathandazo.mngomezulu@kznhealth.gov.za	
<b>Contact Number:</b>		

035 901 7228

**Finance Manager Name:**

MR S.E NGWENYA

**Finance Manager Signature:**



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**No late quotes will be considered**

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