health Department: Health PROVINCE OF KWAZULU-NATAL	Quotation Advert
Opening Date:	12/09/2018
Closing Date:	18/09/2018
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Greytown hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	TB Hospital (M3)
Date Submitted	10/09/2018
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ:
Name On the	06/08/2018
Item Category: Item Description:	Goods
Quantity (if supplies)	01 unit
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	Not Applicable
Date :	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	Greytown Hospital, Bell Street Ext, 7:30am to 16:00pm (Weekdays)
QUOTES SHOULD BE DELIVERED TO:	Greytown Hosp. Bell straat ext, Deposit in attender box next to the main gate. or fax to: 033 4132 809. No late or emailed quote will be accepted.
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:
Name:	Mr S. Sosibo, Mr. S. Mzolo or Mr. N.X. Ndlovu
Email:	siyabonga.mzolo@kznhealth.gov.za
Contact Number:	033 4139 431 Ext:291

No late quotes will be considered

Mr. R. Hannif

Finance Manager Name:

Finance Manager Signature: