health Department: Health PROVINCE OF KWAZULU-NATAL	
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	Operating Theatre
Date Submitted	10/09/2018
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: 08/09/2018
Item Category:	Goods
Item Description:	Supply and deliver Tracheostomy set (Tray)
Quantity (if supplies)	01 Set
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 ADVERT	MAY BE DIRECTED TO:
Name:	Mr S. Sosibo, Mr. S. Mzolo or Mr. N.X. Ndlovu
Email:	sivahonga mzolo@kznhealth gov za

No late quotes will be considered

033 4139 431 Ext:291

Mr. R. Hannif

Contact Number:

Finance Manager Name:

Finance Manager Signature: