|  | health   |
|--|--|
|  | Department:<br>Health<br>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   | Stores   |
| Date Submitted   | 10/09/2018   |
| ITEM CATEGORY AND DETAILS  |  |
| Quotation Number:  | ZNQ:   |
| the control of the co | 10/09/2018   |
| Item Category: Item Description:   | Goods  |
|  | Supply and deliver plastic pocket clear A4 (100 per pad) and two punch hole (25 sheet punch)   |
| Quantity (if supplies)   |  |
| 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   |
| Finance Manager Name:  | Mr. R. Hannif  |
| Finance Manager Signature:   |  |

No late quotes will be considered