

Contact Number:

Quotation Advert

| Opening Date: | 28/09/2018 | |
|--|---|--------------------|
| Closing Date: | | 91.5 |
| Closing Time: | 05/10/2018 11:00 | 2 (1.17) 7 (m.) |
| INSTITUTION DETAILS | | |
| Institution Name: | Ndwedwe CHC | |
| Province: | KwaZulu-Nataj | · · |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | 150008 10 14 | |
| Date Submitted | Ndwedwe CHC 25/09/2018 | Source |
| ITEM CATEGORY AND DETAILS | | 2.4 |
| Quotation Number: | ZNQ: 137/18/19 | |
| Item Category: | Goods | |
| Item Description: | Dispenser hand paper towel Soap Dispenser | > |
| | | |
| Quantity (if supplies) | | |
| COMPULSORY BRIEFING SESSION | / SITE VISIT | |
| Select Type: | Not Applicable | |
| Date : | Not Applicable | |
| Time: | | (metan) |
| Venue: | | |
| | | |
| QUOTES CAN BE COLLECTED FROM: | Ndwedwe CHC - Main gate | |
| QUOTES SHOULD BE DELIVERED TO: | Ndwedwe CHC rehabilitation centre veranda | |
| ENQUIRIES REGARDING THE ADVEI | | |
| Email: | Maria Kekana | |

maria.kekana@kznhealth.gov.za

Page

Finance Manager Name:

Submit Save Save As... Close Print Preview

Finance Manager Signature:

Mr SG Hlongwape

No late quotes will be considered

032-5323044

ite: