| ~\ <b>@</b> /a  | health   |
|-----------------|--|
|                 | Dapartment:  |
| \$23.2 <b>7</b> |  |
| 4 20 4          | PROVINCE OF KWAZULU-HATAL  |
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Email:

Contact Number:

## **Quotation Advert**

| health  Dalstiment Health PROVINCE OF KWAZULI-HATAL | uotation Advert   |                 |
|---|---|-----------------|
| Opening Date:                                       | 17/09/2018  |                 |
| Closing Date:                                       | 25/09/2018  |                 |
| Closing Time:                                       | 11:00   |                 |
| INSTITUTION DETAILS                                 |   | franca <b>8</b> |
| Institution Name:                                   | Umzimkhulu hospital   | lacksquare      |
| Province:   | KwaZulu-Natal   |                 |
| Department or Entity:                               | Department of Health  |                 |
| Division or section:                                | Central Supply Chain Management   |                 |
| Place where goods / services is required            | uMzimkhulu Hospital   | anet G          |
| Date Submitted                                      | 13/09/2018  |                 |
| ITEM CATEGORY AND DETAILS                           |   |                 |
| Quotation Number:                                   | ZNQ:<br>ZNQ151/18-19  | <b>       </b>  |
| Item Category:                                      | Goods   |                 |
| Item Description:                                   | HIGH BACK CHAIRS SWIVEL AND TILT MECHANISM MANUAL HEIGHT<br>ADJUSTMENT BURGUNDY IN COLOUR |                 |
|   |   |                 |
| Quantity (if supplies)                              | 30 UNITS  |                 |
| COMPULSORY BRIEFING SESSION                         | N / SITE VISIT  | V               |
| Select Type:  | Not Applicable  |                 |
| Date :  |   | 1724            |
| Time:   |   |                 |
| Venue:  |   |                 |
| QUOTES CAN BE COLLECTED FROM:                       | UMZIMKHULU HOSPITAL SCM   |                 |
| QUOTES SHOULD BE DELIVERED TO:                      | UMZIMKHULU HOSPITAL TENDER BOX  |                 |
| ENQUIRIES REGARDING THE AD                          | VERT MAY BE DIRECTED TO:  |                 |
| Name:   | PALESA OF BRENDA  |                 |

philani.mkhize@kznhealth.gov.za

Page 2

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

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