

Quotation Advert

| PROVINCE OF KWAZULU-NATAL | | |
|--|---|-------------------------|
| Opening Date: | 25/09/2018 | 51/2 |
| Closing Date: | 04/10/2018 | i a |
| Closing Time: | 11:00 | 417121 |
| INSTITUTION DETAILS | | |
| Institution Name: | Stanger hospital | V |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | Stanger Hospital | |
| Date Submitted | 21/09/2018 | ara. |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: znb 187 -18/19 | |
| ttem Category: | Goods | $\overline{\mathbf{v}}$ |
| Item Description: | MID BACK SWIVEL AND TILT CHAIR | |
| | | |
| Quantity (if supplies) | 22 | |
| COMPULSORY BRIEFING SESSION / | SITE VISIT | tion and |
| Select Type: | Not Applicable | \vee |
| Date: | | T-02 |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | STANGER HOSPITAL SUPPLY CHAIN MANAGEMENT CORNER KING SH AND PATTERSON STREET | HKA Ĉ |
| QUOTES SHOULD BE DELIVERED TO: | STANGER HOSPITAL SECURITY DIVISION YELLOW BOX | |
| ENQUIRIES REGARDING THE ADVER | RT MAY BE DIRECTED TO: | |
| Name: | Rhona Swartbooi | |
| Email: | rona.swartbooi@kznhealth.gov.za | |
| Contact Number: | 032 437 6024 | |
| Finance Manager Name: | Mr JB Naidoo | |
| Finance Manager Signature | ONIMIT PAGE | |

No late quotes will be considered