

Quotation Advert

Opening Date: 20/09/2018

Closing Date: 25/09/2018

Closing Time:

INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section: Place where goods / services is required

Date Submitted

ITEM CATEGORY AND DETAILS **Quotation Number:**

Item Category:

Item Description:

COMPULSORY BRIEFING SESSION / SITE VISIT Select Type:

Quantity (if supplies)

Date: Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: N.G. TSHENDU

Email: scm.ctk@kznhealth.go.za **Contact Number:**

Christ the King hospital KwaZulu-Natal

Department of Health

19/09/2018

199/2018/19

Not Applicable

CHRIST THE KING HOSPITAL

1 PETER HAUFF DRIVE, IXOPO,3276

ZNQ:

Goods

Central Supply Chain Management

SUPPLY AND DELIVER STATIONERY CONSUMABLES

CHRIST THE KING HOSPITAL

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