

Contact Number:

Quotation Advert

| Opening Date: | 03/09/2018 |
|--|---|
| Closing Date: | 07/09/2018 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | Itshelejuba hospital |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | ITSHELEJUBA HOSPITAL |
| Date Submitted | 31/08/2018 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: 209/18/19 |
| Item Category: | Goods |
| Item Description: | |
| | OBSTETRIC / GESTATION WHEELS X 06 UNITS |
| | FULL SPECIFICATION AVAILABLE WITH QUOTATION |
| | |
| | |
| | |
| | |
| Quantity (if supplies) | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | |
| Select Type: | Not Applicable |
| Date: | existing. * D: D |
| Time: | |
| Venue: | |
| QUOTES CAN BE COLLECTED FROM: | ITSHELEJUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA & PIET ^ RETIEF TOWN |
| QUOTES SHOULD BE DELIVERED TO: | ITSHELEJUBA HOSPITAL - ALONG N2 ROAD BETWEEN PONGOLA & PIET RETIEF TOWN |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | |
| Name: | SAMU MAPHISA |
| Email: | samukelisiwe.maphisa@kznhealth.gov.za |

Finance Manager Name:

Mr. C Nhleko

Finance Manager Signature:

No late quotes will be considered

Note:

Submit A Save Save As... Close A Print Preview

- 1 The completed Quotation Advert must be printed and signed by the Finance manager.
- 2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: webmaster@kznhealth.gov za for uploading to the department website

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