

**Contact Number:** 

## **Quotation Advert**

PROVINCE OF KWAZULU-HATAL		
Opening Date:	18/09/2018	1.10
Closing Date:	25/09/2018	[[0]
Closing Time:	11:00	7
INSTITUTION DETAILS		
Institution Name:	EG & Usher Memorial hospital	Y
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	EGUMH (SCM)	
Date Submitted	17/09/2018	- B
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 308/18/19	
Item Category:	Goods	Y
Item Description:	ALCOHOL SWABS	
Quantity (If supplies)		
COMPULSORY BRIEFING SESSION / S	SITE VISIT	
Select Type:	Not Applicable	V
Date:		[]0]
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	EG & USHER MEMORIAL HOSPITAL STORES	
QUOTES SHOULD BE DELIVERED TO:	EG & USHER MEMORIAL HOSPITAL STORES	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
Name:	MS B XHAYA	
Email:	Bongeka.Xhaya@kznhealth.gov.za	

Finance Manager Name:

Ms N Mbana

Finance Manager Signature:

No late quotes will be considered

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the completed Question Advert must be printed and signed by the Finance manager