

Finance Manager Signature:

Quotation Advert

| Opening Date: | 21/09/2018 | |
|--|--|--------|
| Closing Date: | 11/10/2018 | a |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Mosvold hospital | \vee |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | MOSVOLD hOSPITAL | |
| Date Submitted | 21/09/2018 | |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: | |
| | 345 / 2018/ 2019 | |
| Item Category: Item Description: | Goods | ~ |
| | | |
| Quantity (if supplies) | 60 BOXES | |
| COMPULSORY BRIEFING SESSION | SITE VISIT | |
| Select Type: | Not Applicable | ~ |
| Date : | | II a |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | MOSVOLD HOSPITAL SCM | |
| QUOTES SHOULD BE DELIVERED TO: | MISVOLD HOSPITAL TENDER BOX AT MAIN GATE | |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| Name: | MISS NONHLAHLA ZIKHALI | |
| Email: | nonhlanhla.zikhali@kznhealth.gov.za | |
| Contact Number: | 035 591 0122 ext 153 | |
| Finance Manager Name: | MRS N.P MYENI | |
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