

## **Quotation Advert**

| Opening Date:                            | 17/09/2018   |
|--|--|
| Closing Date:                            | 21/09/2018   |
| Closing Time:                            | 11:00  |
| INSTITUTION DETAILS                      |  |
| Institution Name:                        | KwaDabeka CHC  |
| Province:                                | KwaZulu-Natal  |
| Department or Entity:                    | Department of Health   |
| Division or section:                     | Central Supply Chain Management  |
| Place where goods / services is required | KwaDabeka CHC  |
| Date Submitted                           | 14/09/2018   |
| ITEM CATEGORY AND DETAILS                | Temperina menerihan antariari A. Educari va A. Budak M. Serbeda A. Budak M. Makala M. Budak M. Millian di S. M. Millian di M. M. |
| Quotation Number:                        | ZNQ:   |
|  | 386/18   |
| Item Category:                           | Goods  |
| Item Description:                        | NEBULIZER MASK ADULT - 1500 UNITS CHILD - 1000 UNITS   |
| Quantity (if supplies)                   | 2500 UNITS   |
| COMPULSORY BRIEFING SESSION              | SITE VISIT   |
| Select Type:                             | Select   |
| Date :                                   |  |
| Time:                                    |  |
| Venue:                                   |  |
| QUOTES CAN BE COLLECTED FROM:            | 04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT  |
| QUOTES SHOULD BE DELIVERED TO:           | 04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX  |
| ENQUIRIES REGARDING THE ADVE             | RT MAY BE DIRECTED TO:   |
| Name:                                    | SIMPHIWE MTHIYANE  |
| Email:                                   | Simphiwe. Mthiyane@kznhealth.gov.za  |
| Contact Number:                          | 031 714 3762   |
| Finance Manager Name:                    | MRS ZONDL  |
| -  |  |
| Finance Manager Signature:               |  |