

## **Quotation Advert**

Finance Manager Signature:	MA
Finance Manager Name:	MRS ZONOI
Contact Number:	031 714 3762
Email:	Simphiwe.Mthiyane@kznhealth.gov.za
Name:	SIMPHIWE MTHIYANE
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	
QUOTES SHOULD BE DELIVERED TO:	04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER 80X
QUOTES CAN BE COLLECTED FROM:	04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT
Venue:	
Time:	
Date :	
Select Type:	Select
COMPULSORY BRIEFING SESSION / SITE VISIT	
Quantity (if supplies)	20 BOXES
Item Description:	PAPER CUPS (1000 PER BOX)
Item Category:	Goods
gavaavii isanidei.	27118
ITEM CATEGORY AND DETAILS Quotation Number:	ZNQ:
Date Submitted	14/09/2018
Place where goods / services is required	KwaDabeka CHC
Division or section:	Central Supply Chain Management
Department or Entity:	Department of Health
Province:	KwaZulu-Natal
INSTITUTION DETAILS Institution Name:	KwaDabeka CHC
•	11:00
Closing Date:	21/09/2018
Opening Date:	17/09/2018
Onenina Detai	

No late quotes will be considered