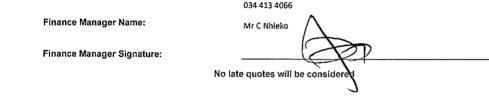


Contact Number:

Quotation Advert

| PROVINCE OF KNIKEDEDWAKE | | |
|--|---|-----------|
| Opening Date: | 07/09/2018 | |
| Closing Date: | 12/09/2018 | |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Itshelejuba hospital | V |
| 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 | 06/09/2018 | Perm |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: 059/18/19 | |
| Item Category: | Goods | ~ |
| Item Description: | | |
| | SUPPLY & DELIVERY OF KITCHEN ACCESSORIES | |
| | FULL SPECIFICATION AVAILABLE WITH QUOTATION | |
| | | |
| | | |
| Quantity (if supplies) | | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Not Applicable | Y |
| Date : | | NSTANO. |
| 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 | |



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