

Contact Number:

## **Quotation Advert**

| Health<br>PROVINCE OF KWAZURU-NATAL   | Quotation Auvert   |                         |
|---|--|-------------------------|
| Opening Date:   | 19/09/2018   |                         |
| Closing Date:   | 26/09/2018   | C.61                    |
| Closing Time:   | 11:00  |                         |
| INSTITUTION DETAILS   |  |                         |
| Institution Name:   | Ngwelezane hospital  | $\mathbf{\nabla}$       |
| Province:   | KwaZulu-Natal  |                         |
| Department or Entity:   | Department of Health   |                         |
| Division or section:  | Central Supply Chain Management  |                         |
| Place where goods / services is required  | THANDUYISE ROAD, NGWELEZANE TOWNSHIP EMPANGENI 38  |                         |
| Date Submitted  | 18/09/2018   |                         |
| ITEM CATEGORY AND DETAILS   |  |                         |
| Quotation Number:   | ZNQ:<br>A67/18-19  |                         |
| Item Category:  | Goods  | $\overline{\mathbf{v}}$ |
| Item Description:   | PREFORMED E.T TUBES CUFFED 30MM AND 5,5MM  |                         |
|   |  |                         |
| Quantity (if supplies)  | 30 UNITS PER SIZE  |                         |
| COMPULSORY BRIEFING SESSION   |  |                         |
| Select Type:  | Not Applicable   | Ι                       |
| Date :  |  |                         |
| Time:   |  | NEE!                    |
| Venue:  |  |                         |
| CHOTES SAME DE SOULTERE DE LA COMPANION DE LA |  |                         |
| QUOTES CAN BE COLLECTED FROM:   | NGWELEZANA HOSPITAL,THANDUYISE ROAD SCM DEPT   |                         |
| QUOTES SHOULD BE DELIVERED TO:  | THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD  |                         |
| ENQUIRIES REGARDING THE ADVE  | ERT MAY BE DIRECTED TO:  |                         |
| Name:   | N.S MNGOMEZULU/R.T MKHUMBUZI   |                         |
| Email:  | nometh and are an area of the collections of the co |                         |

no mathandazo.mngo mezulu@kznhealth.gov.za

bmit Save Save As... Close Print Preview

The completed Ougtation Advert must be printed and alread by the Fire

Finance Manager Name:

S.E NGWENYA

Finance Manager Signature:

No late quotes will be considered

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