

Name:

Email:

Contact Number:

## **Quotation Advert**

Opening Date.	05/09/2018	
Closing Date:	12/09/2018	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	$\overline{\mathbf{v}}$
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	THANDUYUISE ROAD NGWELEZANA TOWNSHIP 3887	
Date Submitted	04/09/2018	(10)
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: B1026/18-19	
Item Category:	Goods	~
Quantity (if supplies)	1000 PKT	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	$\square$
Date:		100
Time:		111111
Venue:		
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 ADVER	T MAY BE DIRECTED TO:	

RT MKHUMBUZI/ NS MNGOMEZULU

nomathandazo.mngomezulu@kznhealth.gov.za