

Contact Number:

Quotation Advert

| A | 100 100 100 100 100 100 100 100 100 100 | |
|--|---|--------------|
| Opening Date: | 27/09/2018 | 13.0 13.0 |
| Closing Date: | 04/10/2018 | |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | Y |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | STORES DEPT, NGWELEZANA HOSPITAL THANDUYISE RO. | AD,I |
| Date Submitted | 26/09/2018 | |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: B692/18-19 | |
| Item Category: | Goods | ∇ |
| Item Description: | MEDICINE LABELS 70MM X 37MM FOR SUSPENSION (TO HAVE CLINIC ANME AND SPACE FOR PATIENT NAME AND REGISTRATION NUMBER) | |
| | | |
| Quantity (if supplies) | 20 ROLLS OF 100 | |
| COMPULSORY BRIEFING SESSION / S | SITE VISIT | |
| Select Type: | Not Applicable | \square |
| Date : | | li e |
| Time: | | |
| Venue: | . | |
| QUOTES CAN BE COLLECTED FROM: | NGWLEZANA HOSPITAL , THANDUYISE ROAD SCM DEPT | - |
| QUOTES SHOULD BE DELIVERED TO: | THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD | |
| ENQUIRIES REGARDING THE ADVERT | MAY BE DIRECTED TO: | |
| Name: | 71111 2 2 2 2 1 1 1 2 2 2 2 2 2 2 2 2 2 | |
| ndille. | NS MNGOMEZULU/RT MKHUMBUZI | |

Finance Manager Name:

Mr SE NGWENYA

Finance Manager Signature:

No late quotes will be considered

Print this page

te:

ubmit Save Save As... Close Print Preview