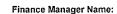
health Department Health Health	Quotation Advert	
Opening Date:	2019-04-25	
Closing Date:	2019-05-02	person.
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Itshelejuba hospital	\succeq
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	ITSHELEJUBA HOSPITAL	
Date Submitted	2019-04-24	lasin.
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 034/19/20	
Item Category:	Goods	~
Item Description:	SUPPLY & DELIVERY OF SUTURES	^
	30(16) & 92212(0 6) 00/0125	
	DETAILED ITEMS AVAILABLE WITH QUOTATIONS	
		itted ~
	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm	itted ~
Quantity (if supplies)	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time	itted ~
COMPULSORY BRIEFING SESSION	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time	itted
COMPULSORY BRIEFING SESSION Select Type:	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time	itted
COMPULSORY BRIEFING SESSION Select Type: Date:	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time	itted
COMPULSORY BRIEFING SESSION Select Type:	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time	itted
COMPULSORY BRIEFING SESSION Select Type: Date:	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time	itted V
COMPULSORY BRIEFING SESSION Select Type: Date: Time:	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time	itted
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue:	DETAILED ITEMS AVAILABLE WITH QUOTATIONS Note: Fax or emailed quotations are accepted and must be subm on time I / SITE VISIT Not Applicable	itted

Name: SAMU MAPHISA

Email: samukelisiwe.maphisa@kznhealth.gov.za

Contact Number:



Finance Manager Signature:

No late quotes will be considered

Submit [3] Save Save As... [3] Close [3] Print Preview

Print this page

034 413 4066 /4061

MR C NHLEKÓ