

Email:

Contact Number:

Quotation Advert

Hostin PROVINCE OF KWAZUEU-HATAL	Quotation Auvert	
Opening Date:	2019-08-14	1
Closing Date:	2019-08-28	ľ-J
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Umzimkhulu hospital	٧l
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	uMzimkhulu Hospital	
Date Submitted	2019-08-13	Country
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 109 / 19-20	
Item Category:	Services	Y
Item Description:		
·••···	SERVICING OF STEAM POT AS PER SPECIFICATION ATTACHED.	
	SERVICING OF STEAM POT AS PER SPECIFICATION ATTACHED. NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE))	
	NB:	
	NB:	
Quantity (if supplies)	NB:	
Quantity (if supplies) COMPULSORY BRIEFING SESSION	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE))	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type:	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE))	>
Quantity (if supplies) COMPULSORY BRIEFING SESSION	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE)) 2 UNITS N / SITE VISIT	
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type:	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE)) 2 UNITS N / SITE VISIT Compulsory Briefing Session	,
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date:	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE)) 2 UNITS N / SITE VISIT Compulsory Briefing Session 2019-08-21	,
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time:	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE)) 2 UNITS N / SITE VISIT Compulsory Briefing Session 2019-08-21	,
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue:	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE)) 2 UNITS N / SITE VISIT Compulsory Briefing Session 2019-08-21 11:00	,
Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM:	NB: THE SERVICE PROVIDER MUST BE CIDB REGISTERED (ME / EE)) 2 UNITS N / SITE VISIT Compulsory Briefing Session 2019-08-21 11:00 UMZIMKHULU HOSPITAL SUPPLY CHAIN DEPARTMENT UMZIMKHULU HOSPITAL TENDER BOX NEXT TO SECURITY GATE	,

philani.mkhize@kznhealth.gov.za

ly Chain Management - AdvertQuote

0392590310 EXT. 130/155

Page 2 o

Finance Manager Name: MRS L.N NGCOBO

Finance Manager Signature:

No late quotes will be considered

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