

Finance Manager Signature:

## **Quotation Advert**

Opening Date: 2019-08-08 19 Closing Date: 2019-08-22 P 11:00 **Closing Time:** INSTITUTION DETAILS Institution Name: V Inanda CHC Province: KwaZulu-Natal Department of Health Department or Entity: Division or section: Central Supply Chain Management Place where goods / services is required INANDA COMMUNITY HEALTH CENTRE **Date Submitted** 10 2019-08-07 ITEM CATEGORY AND DETAILS **Quotation Number:** ZNQ: 111/19-20 V Item Category: Goods Item Description: SUPPLY AND FIT GALVANISED SHELTER AT CHILD CARE DEPARTMENT AT INANDA CHC. Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT V Select Type: Compulsory Briefing Session Date: P 2019-08-14 Time: 10H30 Venue: INANDA COMMUNITY HEALTH CENTRE AT SITE MEETING QUOTES CAN BE COLLECTED FROM: INANDA COMMUNITY HEALTH CENTRE QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: BASIL KHWELA Email: basil.khwela@kznhealth.gov.za **Contact Number:** 031 - 5190455 Finance Manager Name: S.M. PONNAN

No late quotes will be considered