




Quotation Advert

Opening Date: 2019-08-14 
Closing Date: 2019-08-29 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: Mosvold hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: Mosvold Hospital
Date Submitted: 2019-08-13 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
165/2019/2020
Item Category: Services 
Item Description: SERVICE AUTOCLAVE NO.1 AND NO.2 AT MOSVOLD HOSPITAL CSSD

Quantity (if supplies) 02

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: MOSVOLD HOSPITAL SUPPLY CHAIN MANAGEMENT

QUOTES SHOULD BE DELIVERED TO: MOSVOLD HOSPITAL AT MAIN GATE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: T.G KHANYILE
Email: thulani.khanyile@kznhealth.gov.za
Contact Number:

035 591 0145 Ext. 153

Finance Manager Name:

MRS. NP MYENI

Finance Manager Signature:

A handwritten signature in black ink, appearing to read 'NP MYENI', is written over a horizontal line.

No late quotes will be considered