| health Department: Health PROVINCE OF KWAZULU-NATAL | Quotation Advert | ~~~~~ |
|---|--|---|
| Opening Date: | | ****************************** |
| Closing Date: | 2019-08-28 | (iid) Hita |
| Closing Time: | 2019-09-12 | |
| | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Clairwood hospital | I ▽I |
| Province: | KwaZulu-Natal | ······································ |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | CLAIRWOOD HOSPITAL | *************************************** |
| Date Submitted | 2019-08-28 | ······································ |
| ITEM CATEGORY AND DETAILS | £ | |
| Quotation Number: | ZNQ: | |
| | 200/19 | *************************************** |
| Item Category: | Services | 1521 |
| Item Description: | WATERPROOFING OF PHARMACY ROOF (CONCRETE SLAB) | <u> </u> |
| | | |
| Quantity (if supplies) | 1 | ~~~~~ |
| COMPULSORY BRIEFING SESSION | 8 | |
| Select Type: | y | |
| Date : | Compulsory Site Visit | V |
| ime: | 2019-09-04 | |
| | 10h30 | |
| 'enue: | CLAIRWOOD HOSPITAL (STORES) | |
| QUOTES CAN BE COLLECTED FROM: | ON THE OF SITE VISIT | |
| UOTES SHOULD BE DELIVERED TO: | CLAIRWOOD HOSPITAL (TENDER BOX) | *************************************** |
| NQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| ame: | L.B. ZIMU | |
| mail: | lungile.zimu@kznhealth.gov.za | |
| ontact Number: | 021 /F1F114 | |

KZN.DEPARTMENT OF HEALING CLAIRWOOD HOSPITAL

No late quotes will be considence MANAGER

Finance Manager Name:

Finance Manager Signature:

2019 -08- 28 MRS & MXHIZ