



## Quotation Advert

Opening Date: 2019-08-30  
Closing Date: 2019-09-10  
Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name: Greytown hospital  
Province: KwaZulu-Natal  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management  
Place where goods / services is required: EYE CLINIC  
Date Submitted: 2019-08-30

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
23-08-2019  
Item Category: Goods  
Item Description: PRESCRIPTION GLASSES- SINGLE VISION, PRESCRIPTION GLASSES- BIFOCAL, READING GLASSES +3.00D, READING GLASSES +2.50D, READING GLASSES +0.50D, READING GLASSES +1.00D, READING GLASSES +1.50D AND READING GLASSES +2.00D  
(12 MONTHS CONTRACT)

Quantity (if supplies)

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session  
Date: 2019-09-03  
Time: 10:00 AM  
Venue: GREYTOWN HOSPITAL MAINTENANCE BOARDROOM

QUOTES CAN BE COLLECTED FROM: Greytown Hospital during site briefing only

QUOTES SHOULD BE DELIVERED TO: Greytown Hosp bell street ext. must be deposited in a tender box next to the main gate or email to [bongukwanda.dlamini@kznhealth.gov.za](mailto:bongukwanda.dlamini@kznhealth.gov.za)

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Ms. P.N Khanyile or Mrs T.R. Jali  
Email: [phumzile.khanyile@kznhealth.gov.za](mailto:phumzile.khanyile@kznhealth.gov.za) or [thobile.mkhize@kznhealth.gov.za](mailto:thobile.mkhize@kznhealth.gov.za)  
Contact Number: 033 4139 431 Ext:291  
Finance Manager Name: Mr. R. Haniff

Finance Manager Signature:

Mr. R. Haniff

No late quotes will be considered