| | health |
|--|---|
| | Department Health PROVINCE OF KWAZULU-NATAL |

Quotation Advert

| O morner or minetermine | | |
|--|--|-------------------------|
| Opening Date: | 2019-08-19 | |
| Closing Date: | 2019-08-26 | G |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Inkosi Albert Luthuli Central hospital | $\overline{\mathbf{v}}$ |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | IALCH: Admissions | |
| Date Submitted | 2019-08-14 | ., 67 |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: ZNQ 235/19/20 | |
| Item Category: | Goods | \vee |
| Item Description: | Provision of cash-in-transit service 12 Months contract | 7 |
| Quantity (if supplies) | 12 Months | |
| COMPULSORY BRIEFING SESSION / | | |
| Select Type: | Not Applicable | V |
| Date: | | _ |
| Time: | | |
| Venue: | | |
| | | |
| QUOTES CAN BE COLLECTED FROM: | On the following link <u>www.ialch.co.za/tenders</u> | |
| QUOTES SHOULD BE DELIVERED TO: | Tender Box situated at Management building entrance or Email: Tarryn.laing@ialch.co.za & Nozipho.radebe@ialch.co.za or Fax: 031 240 | Ç |
| ENQUIRIES REGARDING THE ADVER | RT MAY BE DIRECTED TO: | |
| Name: | Nolwazi Mthembu | |
| Email: | Nolwazi.mthembu@ialch.co.za | |
| Contact Number: | 031 240 1245 | |
| Finance Manager Name: | StevenyShabalala | |
| ΛΩ. | \mathcal{A} | |
| Finance Manager Signature: | ate quotes will be considered | |