

Contact Number:

## **Quotation Advert**

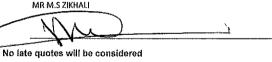
Opening Date:	2019-08-30	
Closing Date:	2019-09-12	E
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Mseleni hospital	V
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	MSELENI HOSPITAL	
Date Submitted	2019-08-29	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 334/19/20-	
Item Category:	Goods	<b>v</b>
Item Description:	SUPPLY AND DELIVER CHILD HEALTH RECORD PRIMARY HEALTH CA	RE
Quantity (if supplies)	2750	
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	V
Date:		
Time:	•	Bland
Venue:		
QUOTES CAN BE COLLECTED FROM:	SCM OFFICE / <del>035-574-1003</del> / nozipho.ndlovu@kznhealth.gov.za	
QUOTES SHOULD BE DELIVERED TO:	TENDER BOX / 035 574 1003 / mandla.zikhali@kznhelth.gov.za	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
Name:	NOZIPHO NDLOVU	
Email:	pozinho ndlovu@krakoskh gov.so	

nozipho.ndlovu@kznhealth.gov.za

Page 2 c

Finance Manager Name:

Finance Manager Signature:



ubmit | Save Save As... | Close | Print Preview

Print this page

035 574 1004