

Email:

**Contact Number:** 

## **Quotation Advert**

Opening Date:	2019-08-30	0
Closing Date:	2019-09-11	0
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Vryheid hospital	$\vee$
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	VRYHEID DISTRICT HOSPITAL	
Date Submitted	2019-08-29	
ITEM CATEGORY AND DETAILS		Cara
Quotation Number:	ZNQ: ZNQ 56/2019/20	
Item Category:	Goods	V
	KINDLY PURCHASE ULTRA SOUND GEL WARMER BAG	
Quantity (if supplies)	01	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	V
Date :		0
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	VRYHEID DISTRICT HOSPITAL	
QUOTES SHOULD BE DELIVERED TO:	DOCUMENT CAN BE EMAILED TO Kathleen.strick@kznhealth.gov.za	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
Name:	Miss P.N Masondo	

Nompumelelo.Masondo@kznhealth.gov.za