

Email:

**Contact Number:** 

## **Quotation Advert**

Opening Date:	2019-08-12	
Closing Date:	2019-08-19	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	KwaMashu CHC	$\succeq$
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	KWAMASHU CHC	
Date Submitted	2019-08-02	n
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 85/08/2019-2020	
Item Category:	Goods	<b>&gt;</b>
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	Y
Date:		6
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	P61 MKHIWANE ROAD KWAMASHU AT KWAMASHU CHC	
QUOTES SHOULD BE DELIVERED TO:	AT TENDER BOX AT SECURITY GATE AT KWAMASHU CHC, P61 MK ROAD	HIWANE
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	LINDIWE NGOBESE	

lindiwe.ngobese@kznhealth.gov.za

031 5048149

Finance Manager Name: S HLONGWANR

Finance Manager Signature:

No late quotes will be considered

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