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Goods

Item Description: ALUMINIUM WALKER FOLDING

-FOR ADULT

Quantity (if supplies) 100 UNITS COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Date:

Not Applicable

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Mr S. Cele

Email:

scm.murchisonhospital@kznhealth.gov.za

Contact Number:

039 687 7311/ext 170

Finance Manager Name:

MRS Z.A CELE

Finance Manager Signature:

No late quotes will be considered