

Opening Date:

Closing Date:

Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name:

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required

Date Submitted

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:

Item Category:

Item Description:

Quantity (if supplies)

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature: 