






# Quotation Advert

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: 