






Quotation Advert

Opening Date: 05/02/2019 
Closing Date: 12/02/2019 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: Gamalakhe CHC 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: GAMALAKHE CHC
Date Submitted: 04/02/2019 


ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GCHC189/1819
Item Category: Select... 
Item Description: LAB TO PROVIDE GLASSES TO PATIENT (PRESCRIPTION GLASSES) 12 MONTHS CONTRACT

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: OFF RAY NKONYENI ROAD , CORNER OF REV SITHOLE & MICHAEL NSIMBEI-GAMALAKHE-SCM 

QUOTES SHOULD BE DELIVERED TO: OFF RAY NKONYENI ROAD , CORNER OF REV SITHOLE & MICHAEL NSIMBI ROAD- GAMALAKHE -TENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MR FANI MBALI
Email: Mballi.Fani@kznhealth.gov.za
Contact Number: 0393181113
Finance Manager Name: Mrs BP Mthembu

Finance Manager Signature: 