






# Quotation Advert

Opening Date: 20/02/2019 

Closing Date: 27/02/2019 

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: 19/02/2019 

## ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ: GCHC195/1819


Item Category: Goods 

Item Description: SUPPLY & DELIVER TELEPHONE RECEIVER

Quantity (if supplies):

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... 

Date: 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: PHILANI NGUBO

Email: phifani.ngubo@kznhealth.gov.za

Contact Number: 039 318 1113

Finance Manager Name: MRS BP MTHEMBU

Finance Manager Signature: 