



Quotation Advert

Opening Date: 14/02/2019 
Closing Date: 28/02/2019 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: Mosvold hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: MOSVOLD HOSPITAL
Date Submitted: 14/02/2019 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
602 / 2018 / 2019
Item Category: Goods 
Item Description: SUPPLY AND DELIVERY OF ULTRASOUND GEL 250ML

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MISS N. ZIKHALI
Email: nonhlahla.zikhali@kznhealth.gov.za
Contact Number: 035 591 0122
Finance Manager Name: MRS N.P MYENI

Finance Manager Signature:



No late quotes will be considered