



Quotation Advert

Opening Date:	<input type="text" value="13/02/2019"/>
Closing Date:	<input type="text" value="26/02/2019"/>
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	<input type="text" value="Hlabisa hospital"/>
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	<input type="text" value="MADWALENI"/>
Date Submitted	<input type="text" value="12/02/2019"/>
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: <input type="text" value="623-18/9"/>
Item Category:	<input type="text" value="Services"/>
Item Description:	<input type="text" value="REMOVE AND REPLACE THE KIOSK AT MADWALENI CLINIC"/>
Quantity (if supplies)	<input type="text" value="01"/>
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	<input type="text" value="Compulsory Site Visit"/>
Date :	<input type="text" value="20/02/2019"/>
Time:	<input type="text" value="13:00"/>
Venue:	<input type="text" value="MADWALENI CLINIC"/>
QUOTES CAN BE COLLECTED FROM:	<input type="text" value="MADWALENI CLINIC"/>
QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="60 SAUNDER STREET HLABISA HOSPITAL MAIN GATE TENDER BOX"/>
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	
Name:	<input type="text" value="MR AN SITHOLE"/>
Email:	<input type="text" value="ayanda.sithole@kznhealth.gov.za"/>
Contact Number:	<input type="text" value="035 838 8625/8776/8780"/>
Finance Manager Name:	<input type="text" value="MISS N.B MASONDO"/>
Finance Manager Signature:	

No late quotes will be considered