

A389/18-19 Item Category: Goods Item Description:

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REPLACE GALVANIZED WATER SUPPLY PIPE SOMM

Quantity (if supplies) 02 UNITS COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Compulsory Site Visit Date:

28/02/2019 Time: 11:30

Venue: MKHONTOKAYISE CLINIC

QUOTES CAN BE COLLECTED FROM: MKHONTOKAYISE CINIC

QUOTES SHOULD BE DELIVERED TO: NGWELEZANA HOSPITAL TENDER BOX NEXT TO OPD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name:

N.S MNGOMEZULU/R.T MKHUMBUZI Email:

nomathandazo.mngomezulu@kznhealth.gov.za Contact Number:

Finance Manager Name:

Finance Manager Signature:

MRS S.P MENYUKA

035 901 7228

No late quotes will be considered

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Note: