

Quotation Advert

Opening Date:

22/01/2019

Closing Date:

29/01/2019

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

Date Submitted

ITEM CATEGORY AND DETAILS

Quotation Number:

ZNQ:

GCHC9

Item Category:

Goods

Item Description:

SYRINGES 2ML

Quantity (if supplies)

200 BOXES

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

OFF RAY NKONYENI ROAD CORNER OF REV. SITHOLE AND MICHAEL
NSIMBI-GAMALAKHE

QUOTES SHOULD BE DELIVERED TO:

OFF RAY NKONYENI ROAD, CORNER REV. SITHOLE AND MICHAEL NSIMBI
ROAD -TENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

MR FANI MBALI

Email:

Mbali.Fani@kznhealth.gov.za

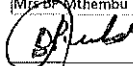
Contact Number:

0393181113

Finance Manager Name:

Mrs BP Mthembu

Finance Manager Signature:



No late quotes will be considered