

Contact Number:

Quotation Advert

| Opening Date: | 23/01/2019 | |
|--|--|------|
| Closing Date: | 30/01/2019 | |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | St Apollinaris hospital | ☑ |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | St. Apollinaris Hospital | |
| Date Submitted | 22/01/2019 | [70] |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: | |
| | 122/2018/2019 | |
| Item Category: | Goods | |
| Item Description: | supply and deliver insulin syringe 29g x 1ml box of 100 unit |] |
| | | |
| | · | |
| | | 4 |
| | | |
| | - | 414 |
| | | 1 |
| | | |
| Quantity (if supplies) | 300 boxes | |
| COMPULSORY BRIEFING SESSION | / SITE VISIT | |
| Select Type: | Not Applicable | V |
| Date: | | [P] |
| Time: | | |
| Venue: | | |
| | | |
| QUOTES CAN BE COLLECTED FROM: | | |
| QUOTES SHOULD BE DELIVERED TO: | Security Department opposite main entrance | |
| COLUMNICO DE DEFINENCE TO | , | |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| Name: | SP Mzimkhulu | |
| Email: | sillndile.mncwabe@kznhealth.gov.za | |
| | | |

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Note: