

Finance Manager Signature:

DE AITH TO LEGIS TO THE PROVINCE OF KWAZULUHATAL	uotation Advert	
Opening Date:	18/01/2019	$\overline{}$
Closing Date:	25/01/2019	-
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Provincial Pharmaceutical Supply Depot	V.
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT	
Date Submitted	09/01/2019	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 124/12/2018	
Item Category:	Goods	.~
Item Description:	To supply Cooler Boxes 80- 82L	
Quantity (if supplies)	200	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	Y
Date :	Not Applicable	
Time:	Not Applicable	
Venue:	Not Applicable	
QUOTES CAN BE COLLECTED FROM:	08:00 AT THE ADMIN SECTION AT THE PPSD	
QUOTES SHOULD BE DELIVERED TO:	PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT OUTSIDE SECURITY	
ENQUIRIES REGARDING THE ADVE	REMAY BE DIRECTED TO:	
Name:	NOMKHOSI KHANYILE	
Email:	nomkhosi.khanyile@kznhealth,gov.za	
Contact Number:	031 469 8367	
Finance Manager Name:	Mr.S Naicker	