

Finance Manager Name:

Finance Manager Signature:

## **Quotation Advert**

PROVINCE OF KWAZULU-NATAL		
Opening Date:	29/01/2019	[10]
Closing Date:	05/02/2019	
Closing Time:	11:00	10
INSTITUTION DETAILS		
Institution Name:	Turton CHC	10.1
Province:	KwaZulu-Natal	~
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Turton CHC	
Date Submitted	28/01/2019	-
ITEM CATEGORY AND DETAILS		100
Quotation Number:	ZNQ: 210/1819	
Item Category:	Services	<b>V</b>
Item Description:	INFRARED TESTING FOR DISTRIBUTION BOARDS (ONCE-OFF SERVICE)	<u>v</u>
Quantity (if supplies)	48 etc.	
COMPULSORY BRIEFING SESSION /		
Select Type:	Select	~
Date:		_
Time:		122
/enue:		
		**
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:		
NQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
lame:	NOMBALI NDLOVU	
mail:	nombali.ndlovu@kznhealth.gov.za	
ontact Number:	039 972 6023	

No late quotes will be considered

MISS N. BAAI