

Finance Manager Signature:

Quotation Advert

Opening Date:	15/01/2019	
Closing Date:	18/01/2019	mai
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Phoenix CHC	\vee
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	PHOENIX COMMUNITY HEALTH CENTRE	
Date Submitted	14/01/2019	OER .
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
a raw	444/2018	
Item Category: Item Description:	Goods	\sim
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	OITE MOIT	
Select Type:		led.
THE CONTRACTOR OF THE CONTRACT	Not Applicable	\overline{v}
Date :		
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	PHOENIX CHC	
QUOTES SHOULD BE DELIVERED TO:	PHOENIX CHC	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	SILDNDIWE GUMEDE	
Email:	silondhwe.gumede@kznhealth.gov.ze	
Contact Number:	031-5380877	
Finance Manager Name:		
	MTHUL WE	

No late quotes will be considered