

Finance Manager Signature:

Quotation Advert

Opening Date: 18/01/2019 D Closing Date: 01/02/2019 0 Closing Time: 11:00 INSTITUTION DETAILS Institution Name: Mosvold hospital V Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required MOSVOLD HOSPITAL **Date Submitted** 17/01/2019 a ITEM CATEGORY AND DETAILS **Quotation Number:** ZNO. 484 / 2018 / 2019 Item Category: Services V Item Description: ADDITIONAL CEILING LIGHTS FOR MATERNITY Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Both V Date: 24/01/2019 Time: 11H00 Venue: MOSVOLD HOSPITAL BOARDROOM QUOTES CAN BE COLLECTED FROM: ON-SITE DURING BRIEFING QUOTES SHOULD BE DELIVERED TO: MOSVOLD HOSPITAL , TENDER BOX AT MAIN GATE ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: MISS NONHLAHLA ZIKHALI Email: nonhlanhla.zkhali@kznhealth.gov.za Contact Number: 035 5914 0122 Finance Manager Name: MRS N.P MYENI

No late quotes will be considered