| health Department: Q Health PROVINCE OF KWAZULD-NATAL | uotation Advert |
|--|---|
| Opening Date: | 28/01/2019 |
| Closing Date: | 04/02/2019 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | Nkonjeni hospital |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | Nkonjeni Hospital SCM |
| Date Submitted | 25/01/2019 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: 490/18/19 |
| Item Category: | Goods |
| Item Description: | SUPPLY SYPHILIS WR TEST KIT 25 PCS/ BOX |
| | |
| Quantity (if supplies) | 114 BOXES |
| COMPULSORY BRIEFING SESSION / SITE VISIT | |
| Select Type: | Not Applicable |
| Date: | |
| Time: | |
| Venue: | |
| | |
| QUOTES CAN BE COLLECTED FROM: | Nkonjeni hospital SCM |
| QUOTES SHOULD BE DELIVERED TO: | Nkonjeni hospital tender box situated at main gate security |
| ENQUIRIES REGARDING THE ADVERT | MAY BE DIRECTED TO: |
| Name: | P.T. DLAMINI |
| Email: | thulisibalukhulu@gmail.com |

No late quotes will be considered

035 873 0013

Contact Number:

Finance Manager Name:

Finance Manager Signature: