

Contact Number:

Quotation Advert

| PROVINCE OF KWAZURU-HATAL | | |
|---|---|-------------|
| Opening Date: | 18/01/2019 | [2] |
| Closing Date: | 29/01/2019 | 1.5 |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Hlabisa hospital | Y |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | Hlabisa hospital | |
| Date Submitted | 17/01/2019 | 1 |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: | |
| | 531-18/19 | <u>></u> |
| Item Category: Item Description: | Services Major service for Autoclaves | 1.0-1 |
| | | |
| Quantity (if supplies) COMPULATIVE BRIEFING SESSION Select Type: | f GLYE VEST Not Applicable | <u>\\</u> |
| Date : | | 17 |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | 60 saunders street Hlabisa hospital SCM Office | |
| QUOTES SHOULD BE DELIVERED TO: | 60 Saunders Street hlabisa hospital maingate in the tenderbox | |
| CNOWING SPECIAL THE ADVI | ene via coe deeso per eo: | |
| Name: | Mr AN Sithole | |
| Email: | ayanda sithole@kzohealth.pov.za | |

Finance Manager Name:

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Finance Manager Signature:

No late quotes will be considered

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