	e Ro	health	
		Department: Health PROVINCE OF KWAZULU-NATAL	
. ,,			

Email:

Contact Number:

Quotation Advert

	the contract to a contract to the contract to	
Opening Date:	16/01/2019	900000
Closing Date:	23/01/2019	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Bethesda hospital	\searrow
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	BETHESDA HOSPITAL	
Date Submitted	15/01/2019	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: ZNQ 558/18/19	
Item Category:	Select	* 🗸
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	/ SITE VISIT	
Select Type:	Not Applicable	<u>~</u>
Date :		
Time:		_
Venue:		
QUOTES CAN BE COLLECTED FROM:	BETHESDA HOSPITAL BETHESDA HOSPITAL	ô
QUOTES SHOULD BE DELIVERED TO:	BETHESDA HOSPITAL	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	B.P MASANGO	

bongumusa.mthembu@kznhealth.gov.za

Page 2

Finance Manager Name:

No late quotes will be considered

035 595 3187

M.S KHUMALO

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Finance Manager Signature:

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