e Ba	health
	Department: Health PROVINCE OF KWAZULU-NATAL
	PROVINCE OF KWAZULU-NATAL

## **Quotation Advert**

No late	uotes will be considered	
Finance Manager Signature:	& hale	
Finance Manager Name:	KAY, MISRIAL@ KZNHOACH, 036-3427130/34270 NIABINDE	175
Contact Number:	036 - 342713 /2	G04,20
C		A
Name: K. MISRIL	AL	da da
FEZILE.  ENQUIRIES REGARDING THE ADVERT	MABIZELA @ KZN HEACH, GOV, &	^
QUOTES SHOULD BE DELIVERED TO:	TENDER BOX	
	SCM	
Venue:		
Time:		
Select Type: Date :	Not Applicable	<b>~</b>
COMPULSORY BRIEFING SESSION / S	SITE VISIT	
Quantity (if supplies)		
tem bescription:	180 BOTTLES HB MICROCUVETTES HB 201 -50 PER BOTTLE	
Item Category: Item Description:	Goods	>
Item Category	ZNQ 928 OF 2018/2019	
Quotation Number:	ZNQ:	
ITEM CATEGORY AND DETAILS		1000
Date Submitted	25/01/2019	
Place where goods / services is required	SCM	
Division or section:	Central Supply Chain Management	
Department or Entity:	Department of Health	
Province:	KwaZulu-Natal	* 🗸
Institution Name:	Select	
INSTITUTION DETAILS	11.00	
Closing Time:	07/02/2019 11:00	(000000) 2007/201 2007/201
Closing Date:		100
Opening Date:	28/01/2019	