| | health |
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| | Department: Health Province of kwazulu-nazu. |
| | PROVINCE OF KWAZULU-NADAL |

Quotation Advert

| Opening Date: | 31/01/2019 |
|--|--|
| Closing Date: | 07/02/2019 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | Ngwelezane hospital |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | NGWELEZANE HOSPITAL, THANDUYISE RD,EMPANGENI 3880 |
| Date Submitted | 30/01/2019 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: A 209/18-19 |
| Item Category: | Goods |
| Item Description: | 12 MONTHS CONTRACT FOR PROVISION OF CASH IN TRANSIT SERVICES |
| Quantity (if supplies) | |
| COMPULSORY BRIEFING SESSION | |
| Select Type: | Compulsory Site Visit |
| Date: | |
| Time: | |
| Venue: | |
| QUOTES CAN BE COLLECTED FROM: | NGWELEZANE HOSPITAL, THANDUYISE ROAD, SCM DEPARTMENT |
| QUOTES SHOULD BE DELIVERED TO: | NGWELEZANE HOSPITAL ,SCM DEPARTMENT TENDER BOX NEXT TO OPD |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: |
| Name: | N.S MNGOMEZULU/R.T MKHUMBUZI |
| Email: | nomathandazo.mngomezulu@kznhealth.gov.za |
| Contact Number: | 035 901 7228 |
| Finance Manager Name: | S.E NGWENYA |
| Finance Manager Signature: | (temum |