

## **Quotation Advert**

| Opening Date:                            | 31/01/2019   | de.            |
|--|--|----------------|
| Closing Date:                            | 07/02/2019   | ė              |
| Closing Time:                            | 11:00  |                |
| INSTITUTION DETAILS                      |  |                |
| Institution Name:                        | Ngwelezane hospital  | <b>₹</b> ]     |
| 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   | ile.           |
| ITEM CATEGORY AND DETAILS                |  |                |
| Quotation Number:                        | ZNQ:<br>A 246/18-19  |                |
| Item Category:                           | Services   | $\overline{2}$ |
| Item Description:                        | SUPPLY AND INSTALL SOKG ELECTRIC SPEED QUEEN WASHING MACHINE AND ALL ACCESSORIE S( DOSING PUMP, TAPS, PIPES TO CONNECT WATE TO THE MACHINE CONCRETE SLAB ), THE WASHING MACHINE MUST BE ABLE TO USE LIQUID SOAP AND ALL OTHER DETERGENTS | - 4            |
| Quantity (if supplies)                   | 01 UNIT  |                |
| COMPULSORY BRIEFING SESSION              | SITE VISIT   |                |
| Select Type:                             | Compulsory Site Visit  | 2]             |
| Date:                                    | 04/02/2019   | Þ              |
| Time:                                    | 10:30  |                |
| Venue:                                   | SCM DEPARTMENT   | Ī              |
|  |  | ļ              |
| 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   | J              |
| Email:                                   | nomathandazo.mngomezulu@kznhealth.gov.za   |                |
| Contact Number:                          | 035 901 7228   |                |
| Finance Manager Name:                    | S.E NGWENYA  | ]              |
| Finance Manager Signature                | Et Marie   |                |