

Finance Manager Signature:

Opening Date:

Quotation Advert

18/01/2019

Closing Date:	28/01/2019	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Murchison hospital	
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	*44,
Place where goods / services is required	Main Harding Road Murchison Hospit	al
Date Submitted	16/01/2019	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
	C104/18/19	
Item Category:	Goods	
Item Description:	MEDICINE KIOSK ROLL DOWN DOOR	
Quantity (if supplies)	01	La-
COMPULSORY BRIEFING SESSION / S	TE VISIT	
	Not Applicable	
Date:		
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:		
ENQUIRIES REGARDING THE ADVERT	MAY BE DIRECTED TO:	
Name:	SIBONISO	
Email:	scm.murchisonhospital@kznhealth.gov.za	
Contact Number:	039 687 7311 ext. 170	
Finance Manager Name:	Mr. C.B. Xolo	

No late quotes will be considered