Department: Q Health PROVINCE OF KWAZULU-NATAL	uotation Advert
pening Date:	2019-07-15
losing Date:	2019-08-01
losing Time:	11:00
NSTITUTION DETAILS	
nstitution Name:	Clairwood hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	
Date Submitted	2019-07-15
TEM CATEGORY AND DETAILS	<u></u>
Quotation Number:	ZNQ:
	136/19
Item Category:	Services
Quantity (if supplies) COMPULSORY BRIEFING SESSION	I / SITE VISIT
Select Type:	Compulsory Site Visit
Date:	2019-07-23
	9h30
Time: . Venue:	CLAIRWOOD HOSPITAL
QUOTES CAN BE COLLECTED FROM:	DOCUMENTS WILL BE ISSUED AT SITE MEETING
QUOTES SHOULD BE DELIVERED TO:	DROP QUOTATION AT CLAIRWOOD HOSPITAL TENDER BOX

Mrs L.B. Zimu

Name: Email:

lungile.zimu@kznhealth.gov.za

Contact Number:

031-4515114

Finance Manager Name:

Finance Manager Signature:

No late quotes willing