



# Quotation Advert

**Opening Date:** 2019-07-05 

**Closing Date:** 2019-07-12 

**Closing Time:** 11:00

## INSTITUTION DETAILS


**Institution Name:** Hlengisizwe CHC 

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** HLENGISIZWE CHC

**Date Submitted** 2019-07-04 

## ITEM CATEGORY AND DETAILS


**Quotation Number:** ZNQ:  
178/19/20

**Item Category:** Goods 

**Item Description:** HB METER STRIPS - CERA CHECK BOX OF 50  
TO SUPPLY 30 BOXES PER MONTH TILL 31 MARCH 2020  
MUST BE COMPATIBLE TO CERA CHECK METERS

**Quantity (if supplies)** 30 BOXES PER MONTH

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable 

**Date :** 

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** HLENGISIZWE CHC SCM

**QUOTES SHOULD BE DELIVERED TO:** HLENGISIZWE CHC TENDER BOX

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** MG MAKHAYE

**Email:** Hlengisizwe.SCM@kznhealth.gov.za

**Contact Number:**

**Finance Manager Name:**

031 774 1038/9

MP KHUMALO

**Finance Manager Signature:**

No late quotes will be considered