

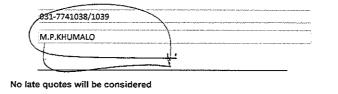
**Contact Number:** 

## **Quotation Advert**

Opening Date:	2019-07-24	
Closing Date:	2019-08-02	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Hlengisizwe CHC	V
Province:	KwaZulu-Natai	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	HLENGISIZWE CHC	
Date Submitted		4 ==
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 178/19/20	
Item Category:	Goods	V
Item Description:	SUPPLY HB STRIPS MUST BE SUITABLE FOR CERA-CHECK METERS QTY 30 BOXES PER MONTH. THIS WILL BE AN INSTITUTIONAL CONTRACT TILL MARCH 2020 THIS IS A RE-ADVERT	
Quantity (if supplies)	30 BOXES PER MONTH	· · · · · · · · · · · · · · · · · · ·
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	$\nabla$
Date :		HE
Time:	AS A STATE A LATER ALT A PERSONNEL FOR PROMPTED AND ASSESSED AS A STATE AND ASSESSED AS A STATE AND ASSESSED AS A STATE A	***************************************
Venue:		
QUOTES CAN BE COLLECTED FROM:	HLENGISIZWE CHC	
QUOTES SHOULD BE DELIVERED TO:	TENDER BOX AT HLENGISIZWE CHC	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	м. с. макнауе	
Email:	HLENGISIZWE.SCM@KZNHEALTH.GOV.ZA	~

Finance Manager Name:

Finance Manager Signature:



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