



# Quotation Advert

**Opening Date:** 2019-07-31 

**Closing Date:** 2019-08-08 

**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** 2019-07-30 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
ZNQ 248/19/20, ZNQ 249/19/20, ZNQ 250/19/20


**Item Category:** Goods 


**Item Description:**  
1. PRINTING OF ADULT FEMALE PATIENT RECORD (ZNQ 248/19/20).  
2. PRINTING OF ADULT MALE PATIENT RECORD (ZNQ 249/19/20)  
3. PRINTING OF CHILD PATIENT HEALTH RECORD (ZNQ 250/19/20)  
  
SPECS ARE AVAILABLE.

**Quantity (if supplies)**

## 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

Mr MP Khumalo

**Finance Manager Signature:**

No late quotes will be considered