






# Quotation Advert

**Opening Date:** 2019-07-15   
**Closing Date:** 2019-07-24   
**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** Provincial Pharmaceutical Supply Depot   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** Provincial Pharmaceutical Supply Depot  
**Date Submitted** 2019-07-15 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
41/2019  
**Item Category:** Goods   
**Item Description:** TO SUPPLY AND DELIVER:  
COOLER BOXES 80-82L  
SPECIFICATION WILL BE ATTACHED  
SAMPLES MUST BE BROUGHT THROUGH WITH 3-5 DAYS AFTER THE  
CLOSING DATE

**Quantity (if supplies)** 500

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable   
**Date :** NO REQUIRED   
**Time:** NO REQUIRED  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** ADMIN SECTION BETWEEN 08:00 TO CLOSE 15:30 AT PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT 

**QUOTES SHOULD BE DELIVERED TO:** SECURITY POINT AT PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** NOMKHOSI KHANYILE  
**Email:** nomkhosi.khanyile@kznhealth.gov.za  
**Contact Number:** 031 359 8567  
**Finance Manager Name:** 

**Finance Manager Signature:** 

No late quotes will be considered