




## Quotation Advert

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

**Closing Date:** 2019-07-10 

**Closing Time:** 11:00

### INSTITUTION DETAILS


**Institution Name:** Vryheid hospital 

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

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

**Place where goods / services is required** VRYHEID HOSPITAL

**Date Submitted** 2019-07-04 

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
ZNQ 56/2019/20

**Item Category:** Goods 

**Item Description:** ULTRASOUND GEL WARMER BAG

**Quantity (if supplies)** 01

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Select... 

**Date :** 

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** VRYHEID HOSPITAL

**QUOTES SHOULD BE DELIVERED TO:** QUOTES CAN BE EMAILED TO [kathleen.strick@kznhealth.gov.za](mailto:kathleen.strick@kznhealth.gov.za)

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** MISS P.N MASONDO

**Email:** [Nompumelelo.Masondo@kznhealth.gov.za](mailto:Nompumelelo.Masondo@kznhealth.gov.za)

**Contact Number:**

