


Opening Date: 2019-07-09 
Closing Date: 2019-07-16 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Grey's hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: Grey's Hospital
Date Submitted: 2019-07-05 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
595/05/19
Item Category: Goods 
Item Description: Negative pressure wound therapy

Quantity (if supplies) 10 packs

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: Supply Chain Department - Grey's Hospital

QUOTES SHOULD BE DELIVERED TO: Grey's Hospital

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Nomfundo Ngubane
Email: nomfundo.shelembe@kznhealth.gov.za
Contact Number: 033 897 3481
Finance Manager Name: Mrs T.M Mazibuko

 Finance Manager Signature: _____

No late quotes will be considered