

Name:

Email:

**Contact Number:** 

## **Quotation Advert**

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Opening Date:	2019-07-22	
Closing Date:	2019-08-05	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Turton CHC	V
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Turton CHC	
Date Submitted	2019-07-19	<b>51</b>
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 64/1920	
Item Category:	Goods	<b>Y</b>
Item Description:	WALL MOUNTED ENT SETS	
		*:,} .
Quantity (if supplies)	20 UNIT	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Select	~
Date :		I.c.
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:		
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		

NOMBALI NDLOVU

nombali.ndiovu@kznhealth.gov.za

039 972 6023

MISS N. BAAI

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

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