



KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date:

Closing Date:

Closing Time:

INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date Submitted:

ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

Quantity (if supplies):

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:


Name:

Email:

Contact Number:

031 314 2376

Finance Manager Name: P ADONIS

A Finance Manager Signature: 

No late quotes will be considered

Submit | Save | Save As... | Close | Print Preview

Print this page

Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.
2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: webmaster@kznhealth.gov.za for uploading to the department website.
3. N.B if the scanned copy emailed to web Administration is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

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