




# Quotation Advert

**Opening Date:** 2019-07-12   
**Closing Date:** 2019-07-19   
**Closing Time:** 11:00

## INSTITUTION DETAILS


**Institution Name:** Pholela CHC   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** Pholela CHC  
**Date Submitted** 2019-07-10 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
80/19/20PCHC  
**Item Category:** Services   
**Item Description:** Six bay filer

**Quantity (if supplies)** 03

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable   
**Date :**   
**Time:**  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** Pholela CHC

**QUOTES SHOULD BE DELIVERED TO:** Pholela CHC tender box

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Hlangiwe Mkhize  
**Email:** hlangiwe.mkhize@kznhealth.gov.za  
**Contact Number:** 039 8329491  
**Finance Manager Name:** TQ Zulu

**Finance Manager Signature:** 

No late quotes will be considered