

Opening Date:

Quotation Advert

2019-07-04

| Closing Date: | |
|--|---|
| | 2019-07-12 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | llembe district office |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | GROUTVILLE CLINIC |
| Date Submitted | 2019-07-03 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: |
| | ZNQ086/19/20 |
| Item Category: | Goods |
| Item Description: | SUPPLY AND DELIVER THE FOLLOWING |
| | STEEL FILLING CABINET x 09 |
| | STEEL STATIONERY CUPBOARD x 07 |
| | |
| Quantity (if supplies) | 16 UNITS |
| COMPULSORY BRIEFING SESSION / | SITE VISIT |
| COMPULSORY BRIEFING SESSION / Select Type: | |
| COMPULSORY BRIEFING SESSION / Select Type: Date: | SITE VISIT |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: | SITE VISIT |
| COMPULSORY BRIEFING SESSION / Select Type: Date: | SITE VISIT |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: | SITE VISIT |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: | SITE VISIT Not Applicable ILEMBE HEALTH DISTRICT OFFICE , NO 1 KING SHAKA STREET , |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: | SITE VISIT Not Applicable ILEMBE HEALTH DISTRICT OFFICE , NO 1 KING SHAKA STREET , KWADUKUZA , 3RD FLOOR ILEMBE HEALTH DISTRICT OFFICE , 3RD FLOOR NEXT TO ELEVATORS |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: | SITE VISIT Not Applicable ILEMBE HEALTH DISTRICT OFFICE , NO 1 KING SHAKA STREET , KWADUKUZA , 3RD FLOOR ILEMBE HEALTH DISTRICT OFFICE , 3RD FLOOR NEXT TO ELEVATORS |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER | ILEMBE HEALTH DISTRICT OFFICE , NO 1 KING SHAKA STREET , KWADUKUZA , 3RD FLOOR ILEMBE HEALTH DISTRICT OFFICE , 3RD FLOOR NEXT TO ELEVATORS RT MAY BE DIRECTED TO: |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: | ILEMBE HEALTH DISTRICT OFFICE , NO 1 KING SHAKA STREET , KWADUKUZA , 3RD FLOOR ILEMBE HEALTH DISTRICT OFFICE , 3RD FLOOR NEXT TO ELEVATORS RT MAY BE DIRECTED TO: S.N.MASUKU/ S.Z.ZULU |
| COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERNAME: Email: | ILEMBE HEALTH DISTRICT OFFICE , NO 1 KING SHAKA STREET , KWADUKUZA , 3RD FLOOR ILEMBE HEALTH DISTRICT OFFICE , 3RD FLOOR NEXT TO ELEVATORS RT MAY BE DIRECTED TO: S.N.MASUKU/ S.Z.ZULU slindile.zulu@kznhealth.gov.za / siyabonga.masuku@kznhealth.gov.za |