

## Quotation Advert

<b>Opening Date:</b>	2019-07-05	<input type="text"/>
<b>Closing Date:</b>	2019-07-12	<input type="text"/>
<b>Closing Time:</b>	11:00	<input type="text"/>
<b>INSTITUTION DETAILS</b>		
<b>Institution Name:</b>	Ndwedwe CHC	<input type="text"/>
<b>Province:</b>	KwaZulu-Natal	<input type="text"/>
<b>Department or Entity:</b>	Department of Health	<input type="text"/>
<b>Division or section:</b>	Central Supply Chain Management	<input type="text"/>
<b>Place where goods / services is required</b>	MWOLOKOHLO CLINIC	<input type="text"/>
<b>Date Submitted</b>	2019-07-03	<input type="text"/>
<b>ITEM CATEGORY AND DETAILS</b>		
<b>Quotation Number:</b>	ZNQ: 93 19/20	<input type="text"/>
<b>Item Category:</b>	Services	<input type="text"/>
<b>Item Description:</b>	SERVICE TO VENTILATION AT MWOLOKOHLO CLINIC	<input type="text"/>

Quantity (if supplies)


### COMPULSORY BRIEFING SESSION / SITE VISIT

<b>Select Type:</b>	Not Applicable	<input type="text"/>
<b>Date :</b>		<input type="text"/>
<b>Time:</b>		<input type="text"/>
<b>Venue:</b>		<input type="text"/>

**QUOTES CAN BE COLLECTED FROM:** NDWEDWE CHC - SCM OFFICE

**QUOTES SHOULD BE DELIVERED TO:** NDWEDWE CHC - TENDER BOX IN REHABILITATION CENTRE VERANDA

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

<b>Name:</b>	MARIA KEKANA
<b>Email:</b>	maria.kekana@kznhealth.gov.za
<b>Contact Number:</b>	032 - 532 3044
<b>Finance Manager Name:</b>	MR SG HLONGWANE
<b>Finance Manager Signature:</b>	

No late quotes will be considered