

Quotation Advert

| | |
|--|---------------------------------|
| Opening Date: | 2019-06-06 |
| Closing Date: | 2019-06-19 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | Newcastle hospital |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | NEWCASTLE HOSPITAL SUPPLY CHAIN |
| Date Submitted | 2019-06-05 |

ITEM CATEGORY AND DETAILS

| | |
|-------------------|---|
| Quotation Number: | ZNQ: 116/19/20 |
| Item Category: | Goods |
| Item Description: | SUPPLY AND FIT CLEAR AND OBSCURE GLASS AS PER SPECIFICATION |

ONLY CORE BUSINESS AS PER CSD REPORT WILL BE CONSIDERED
NB: CONTRACTORS TO SUPPLY AND FIT ALSO BRING THE THEY OWN
SCAFFOLDING AND EQUIPMENTS. PLEASE PROVIDE CIDB CERTIFICATE

| | |
|------------------------|----------|
| Quantity (if supplies) | 58 UNITS |
|------------------------|----------|

COMPULSORY BRIEFING SESSION / SITE VISIT

| | |
|--------------|---|
| Select Type: | Compulsory Site Visit |
| Date : | 2019-06-12 |
| Time: | 11:00 |
| Venue: | NEWCASTLE REGIONAL HOSPITAL AT WORKSHOP DEPT. |

| | |
|-------------------------------|---|
| QUOTES CAN BE COLLECTED FROM: | NEWCASTLE REGIONAL HOSPITAL AT SITE MEETING |
|-------------------------------|---|

| | |
|--------------------------------|---|
| QUOTES SHOULD BE DELIVERED TO: | NEWCASTLE REGIONAL HOSPITAL AT THE TENDER BOX |
|--------------------------------|---|

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

| | |
|-----------------------|----------------------------------|
| Name: | MR SKHUMBUZO THOMO |
| Email: | Skhumbuze.Thomo@kznhealth.gov.za |
| Contact Number: | 034 328 0050 |
| Finance Manager Name: | MISS P. W. MAZBUKO |

Finance Manager Signature:


No late quotes will be considered