

Contact Number:

Quotation Advert

Opening Date: Closing Date: Closing Time: Itahelejuba hospital Nortitution Name: Itahelejuba hospital Norwince: NowaZulu-Natal Department or Entity: Department or Entity: Department or Section: Central Supply Chain Management Place where goods / services is required ITSHELEJUBA HOSPITAL ITEM CATEGORY AND DETAILS Quotation Number: ITEM CATEGORY AND DETAILS Quotation Number: Services Item Description: TO SUPPLY THE HOSPITAL WITH SPECTACLES SPECIFICATION IS AVAILABLE ON QUOTATION Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: ITSHELEJUBA HOSPITAL ITSHELEJUBA HOSPITAL	Cloring Date:	
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Name: MW SIKOSANA	Name: MW SIKOSANA	
	Email: samukelisiwe.maphisa@kznhealth.gov.za	



Finance Manager Signature:

No late quotes will be considered

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