## health Department: Health PROVINCE OF KWAZULU-NATAL

## **Quotation Advert**

Opening Date:

2019-06-27

Closing Date:

2019-07-04

**Closing Time:** 

11:00

INSTITUTION DETAILS

Institution Name:

Manguzi hospital

Province:

KwaZulu-Natal

Department or Entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods / services is required

**STORES** 

**Date Submitted** 

2019-06-27

ITEM CATEGORY AND DETAILS

**Quotation Number:** 

ZNQ:

125/2019-20

Item Category:

Goods

Item Description:

ALTRASOUND GEL 250ML

Quantity (if supplies)

1500

**COMPULSORY BRIEFING SESSION / SITE VISIT** 

Select Type:

Not Applicable

Date:

Time:

Venue:

**QUOTES CAN BE COLLECTED FROM:** 

MANGUZI HOSPITAL - MAIN STORES

**QUOTES SHOULD BE DELIVERED TO:** 

TENDER BOX/ VIA EMAIL: Quotes.ManguziHospital@kznhealth.gov.za

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

Name:

Email:

THEMBA

andile.gumede@kznhealth.gov.za

**Contact Number:** 

035 5920 150 ext. 212

Finance Manager Name:

BP THWALA

Finance Manager Signature:

No late quotes will be considered