




Quotation Advert

Opening Date: 2019-06-04 
Closing Date: 2019-06-10 
Closing Time: 11:00

INSTITUTION DETAILS





Institution Name: Catherine Booth hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: Catherine Booth Hospital
Date Submitted: 2019-05-31 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 130/19-20
Item Category: Services 
Item Description: Supply & deliver electrical materials

Quantity (if supplies): 2110

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time: 
Venue: 

QUOTES CAN BE COLLECTED FROM: Catherine Booth Hospital :SCM OFFICE

QUOTES SHOULD BE DELIVERED TO: Catherine Booth Hospital;Kwa-Khoza Reserve;Amatlkufu;3801

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Ms NNS Zulu
Email: nomusa.zulu@kznhealth.gov.za
Contact Number: 035 474 8407
Finance Manager Name: Mr MS Mtshali

Finance Manager Signature:

??



No late quotes will be considered

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Zulu Nomusa ?



health
Department:
Health
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KZN Health Intranet

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Division or section: Central Supply Chain Management

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Date Submitted: 2019-05-31

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 131/19-20

Item Category: Goods

Item Description: Installation of public broadcast system

Quantity (if supplies): 1 - SYSTEM

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

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Finance Manager Name: Mr. MS Mtshali

Finance Manager Signature:

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ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 132/19-20

Item Category: Goods

Item Description: Supply, install & commission fire hose reels

Quantity (if supplies): 30

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

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Email: nomusa.zulu@kznhealth.gov.za

Contact Number: 035 474 8407

Finance Manager Name: M. M. Mshali

Finance Manager Signature:

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health
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ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 119/19-20

Item Category: Goods

Item Description: Supply and deliver A2 PHC tick register

Quantity (if supplies): 45

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

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