

Contact Number:

## **Quotation Advert**

Opening Date:	2019-06-28	
Closing Date:	2019-07-05	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Hlengisizwe CHC	$\checkmark$
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Hlengisizwe CHC and Clinics	
Date Submitted	2019-06-27	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 156/19/20	***************************************
Item Category:	Services	$\nabla$
Item Description:	ANNUAL SERVICING OF FIRE EQUIPMENT AT HLENGISIZWE CHC AND CLINICS.  SERVICE PROVIDERS ARE REQUIRED TO HAVE RELEVANT CERTIFICATE	S.
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	I / SITE VISIT	
Select Type:	Not Applicable	V
Date:		
Time:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Venue:		
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:	HLENGISIZWE TENDER BOX	
ENQUIRIES REGARDING THE ADV	ERT MAY BE DIRECTED TO:	
Name:	MG MAKHAYE	
Email:	Hlengisizwe.SCM@kznhealth.gov.za	

Finance Manager Name:

W. MADONDA

Finance Manager Signature:

No late quotes will be considered

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