






Quotation Advert

Opening Date: 2019-06-11 

Closing Date: 2019-06-21 

Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: Turton CHC 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required: Turton CHC

Date Submitted: 2019-06-10 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
29/1920

Item Category: Goods 

Item Description: BAR ONE LABEL PROGRAM LABELS

Quantity (if supplies):

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: NKOSINATHI HLOPHE

Email: nkosinathi.hlophe@kznhealth.gov.za

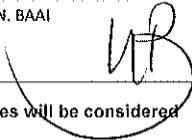
Contact Number:

Finance Manager Name:

039 972 6095

Finance Manager Signature:

MISS N. BAAI



A handwritten signature in black ink, appearing to read 'NB', is written over a horizontal line. The signature is enclosed within a large, hand-drawn circle.

No late quotes will be considered