

Finance Manager Signature:

Quotation Advert

| PROVINCE OF KWAZULU-KATAL | | |
|--|--|-----------------|
| Opening Date: | 2019-06-19 | 100 |
| Closing Date: | 2019-06-28 | 42 |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ladysmith hospital | $ \nabla$ |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | LADYSMITH HOSPITAL | |
| Date Submitted | 2019-06-18 | 110 |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: .463 / 19 /20 | |
| Item Category: | Goods | \subseteq |
| item Description: | SUPPLY AND DELIVER PORTABLE MEDICAL VEIN FINDER | |
| | SPECIFICATION: H.T.S No. E 261 ELECTRONICS | |
| | ACCUVEIN | |
| | | |
| Quantity (if supplies) | ! | |
| COMPULSORY BRIEFING SESSION | / SITE VISIT | |
| Select Type: | Not Applicable | \vee |
| Date : | i | 10 |
| Time: | 1 | |
| Venue: | 1 | : |
| QUOTES CAN BE COLLECTED FROM: | SCM RECEIVING OFFICE FROM 07h30am - 16h00pm | • |
| QUOTES SHOULD BE DELIVERED TO: | TENDER BOX NEXT TO MAIN ENTRANCE 36 MALCOLM RD, LADYSM | : : HTH : |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| Name: | M.J KHUMAŁO | |
| Email: | muziwandile.khumalo@kznhealth.gov.za | |
| Contact Number: | 036-6380135 | |
| Finance Manager Name: | X.L NTULI | ! |
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