| health<br>Department<br>Health<br>PROVINGE OF KWAZUCU NATAL | Quotation Advert   |          |
|---|--|----------|
| Opening Date:   | 2019-06-18   |          |
| Closing Date:   | 2019-06-25   | 2000cm   |
| Closing Time:   | 11:00  |          |
| INSTITUTION DETAILS   |  |          |
| Institution Name:   | Charles Johnson Memorial hospital                                |          |
| Province:   | KwaZulu-Natal  |          |
| Department or Entity:                                       | Department of Health   |          |
| Division or section:  | Central Supply Chain Management                                  |          |
| Place where goods / services is required                    | CHARLES JOHNSON MEMORIAL HOSPITAL                                |          |
| Date Submitted  | 2019-06-18   | 000      |
| ITEM CATEGORY AND DETAILS                                   |  |          |
| Quotation Number:   | ZNQ:<br>0055/2019 - 20   |          |
| Item Category:  | Goods  | <b>Y</b> |
| Item Description:   | SUPPLY AND INSTALL<br>HAND PAPER TOWEL DISPENSER STAINLESS STEEL |          |
|   |  |          |
|   |  |          |
|   |  |          |
|   |  |          |
|   |  |          |
| Quantity (if supplies)                                      | 01   |          |
| COMPULSORY BRIEFING SESSIO                                  | N / SITE VISIT   |          |
| Select Type:  | Not Applicable   |          |
| Date :  |  | 07       |
| Time:   |  |          |
| Venue:  |  |          |
|   |  |          |

QUOTES CAN BE COLLECTED FROM:

C.J.M. HOSPITAL SCM

QUOTES SHOULD BE DELIVERED TO:

CIM HOSPITAL TENDER BOX NEXT TO OPD GATE AT LOT 92 HLUBI

STREET NQUTU 3135

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

B. MABASO

Email:

vusumuzi.mabaso@kznhealth.gov.za

Contact Number:

034 - 271 6447

Finance Manager Name:

E.M. MAHLINZA

Finance Manager Signature:

MANNEY