




Quotation Advert

Opening Date: 2019-06-18 

Closing Date: 2019-06-25 

Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: KwaMashu CHC 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required GOODWINSCLINIC

Date Submitted 2019-06-13 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
59/06/2019-2020

Item Category: Services 

Item Description: REMOVE AND REPLACE SHE BINS BI WEEKLY PERIOD OF 12 MONTHS

Quantity (if supplies) 8 BINS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: P 61 MKHIWANE ROAD KWAMASHU CHC

QUOTES SHOULD BE DELIVERED TO: P 61 MKHIWANE ROAD AT THE TENDER BOX AT SECURITY GATE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MR Z.W. THUTHU

Email: zungezi.tutu@kznhealth.gov.za

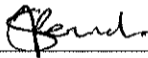
Contact Number:

031 5049185





Finance Manager Name:

S PERUMAL

Finance Manager Signature:



No late quotes will be considered

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