

Email:

Contact Number:

Quotation Advert

Opening Date:	2019-06-18	Œ
Closing Date:	2019-06-25	[-P]
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	LINDELANI CLINIC	
Date Submitted	2019-06-13	[10]
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 57/06/2019-2020	
Item Category:	Services	V
Item Description:	REMOVE AND REPLACE SHE BINS BI WEEKLY PERIOD OF 12 MONTHS	
Quantity (if supplies)	7 BINS	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	>
Date :		[6
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 ADVER	T MAY BE DIRECTED TO:	
Name:	MR Z.W. THUTHU	

zungezi.tutu@kznhealth.gov.za

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Finance Manager Name:

Submit Save Save As... Close Aprint Preview

Finance Manager Signature:	Land	
	No late quotes will be considered	

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