






## Quotation Advert

**Opening Date:** 2019-06-05   
**Closing Date:** 2019-06-12   
**Closing Time:** 11:00



### INSTITUTION DETAILS

**Institution Name:** Pholela CHC   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** Maintenance  
**Date Submitted** 2019-06-03 

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ: 71/19/20PCHC  
**Item Category:** Services   
**Item Description:** Infra red testing for Pholela CHC and 9 clinics  
  
**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:** Hlengiwe Mkhize  
**Email:** hlengiwe.mkhize@kznhealth.gov.za  
**Contact Number:** 039 8329491  
**Finance Manager Name:** T.Q.Zulu

**Finance Manager Signature:**

No late quotes will be considered