| e Re | health |
|-------|-------------------------------------|
| 2007W | Department: |
| COMP- | HEARTH PROVINCE OF KWAZULU-HATAL |
| | |

Quotation Advert

| Opening Date: | 2019-06-06 | ************************************** |
|--|--|--|
| Closing Date: | \$ man 2 man | Œ |
| Closing Time: | 2019-06-19 | |
| INSTITUTION DETAILS | 11:00 | |
| Institution Name: | | |
| Province: | Clairwood hospital | V |
| Department or Entity: | KwaZulu-Natal | |
| Division or section: | Department of Health | |
| Place where goods / services is required | Central Supply Chain Management | |
| Date Submitted | Clairwood Hospital | |
| | 2019-06-06 | 100 |
| ITEM CATEGORY AND DETAILS | • | |
| Quotation Number: | ZNQ: | |
| Item Category: | 080 /2019 | |
| Item Description: | Services | <u> </u> |
| 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | ANNUAL SERVICES OF FLOOR POLISHERS | |
| Quantity (if supplies) | | |
| COMPULSORY BRIEFING SESSION / | SITE VISIT | |
| Select Type: | Select | |
| Date: | BITTER STATE OF THE STATE OF TH | M |
| Time: | | 123 |
| Venue: | | |
| | ar respirat | 91.94.14 |
| QUOTES CAN BE COLLECTED FROM: | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za | Ŷ |
| QUOTES SHOULD BE DELIVERED TO: | CLAIRWOOD HOSPITAL (TENDER 80X) | |
| ENQUIRIES REGARDING THE ADVER | T MAY BE DIRECTED TO: | |
| Name: | Mr W. Mjwara | |
| Email: | lungile.zimu@kznheaith.gov.za | |
| Contact Number: | 031-4515144 | |
| inance Manager Name: | Mrs S.G. Mkhize | |
| inance Manager Signature: | | |
| No la | te quotes withe considered | |