

Quotation Advert

| PROVINCE OF KWIZZOUT-ACIAL | | |
|---|---|------------------|
| Opening Date: | 14/03/2019 | |
| Closing Date: | 22/03/2019 | ## |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Queen Nandi | $oldsymbol{ eq}$ |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | Queen Nandi Regional Hospital, 29 Union Street, Empangeni | |
| Date Submitted | 13/03/2019 | 20 |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: | |
| Itom Category | 931/18-19 | V |
| Item Category: Item Description: | Goods | |
| nem Description. | Syringe hypodermic luerslip 20ml disposable sterile | |
| | | |
| Quantity (if supplies) | 40 000 | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Not Applicable | \checkmark |
| Date: | | Œ.P. |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | Queen Nandi Regional Hospital, 29 Union Street, Empangeni | |
| QUOTES SHOULD BE DELIVERED TO: | Queen Nandi Regional Hospital, 29 Union Street, Empangeni | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | | |
| Name: | Mr K.R. Nzimande | |
| Email: | khayelihle.nzimande@kznhealth.gov.za | |
| Contact Number: | (035) 907 7069 | |
| Finance Manager Name: | Mrs V.T., Mtantato | |
| Siana Managar Siana in a | Sout | |
| Finance Manager Signature: No late quotes will be considered | | |