

Quotation Advert

| Opening Date: | 2019-05-09 |
|------------------------------------------|-------------------------------------------------------|
| Closing Date: | 2019-05-20 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | Gamalakhe CHC |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | Gamalakhe CHC |
| Date Submitted | 2019-05-07 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: |
| | GCHC 021/1920 |
| Item Category: | Goods |
| Item Description: | REPLACEMENT OF AIRCONDITIONERS AT SHELLY BEACH CLINIC |
| | REQUIREMENT CIDB GRADING ME1 |
| Quantity (if supplies) | 05 UNITS |
| COMPULSORY BRIEFING SESSION / SITE VISIT | |
| Select Type: | Compulsory Site Visit |
| Date : | 2019-05-14 |
| Time: | 11h00 |
| Venue: | SHELLY BEACH CLINIC |
| QUOTES CAN BE COLLECTED FROM: | GAMALAKHE CHC - ONLY AT SITE MEETING VENUE |
| QUOTES SHOULD BE DELIVERED TO: | GAMALAKHE CHC |
| ENQUIRIES REGARDING THE ADVER | RT MAY BE DIRECTED TO: |
| Name: | HLENGIWE KHOWA |
| Email: | hlengiwe.khowa@kznhealth.gov.za |
| Contact Number: | 039 318 1113 |
| Finance Manager Name: | Mrs. BP Mthembu |
| Finance Manager Signature: | Bhiles |

No late quotes will be considered