

Contact Number:

## **Quotation Advert**

O. J. B.A.		
Opening Date:	2019-05-28	
Closing Date:	2019-06-05	properties.
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Itshelejuba hospital	<u>~</u> ]
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	ITSHELEJUBA HOSPITAL	
Date Submitted	2019-05-27	, fr
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 077/19/20	
Item Category:	Services	Y
Item Description:	MINOR SERVICE TO THEATER LIGHTS	
	CIDB.IEP	***************************************
	DETAILED SPEC AVAILABLE WITH QUOTATION	
	FAXED OR EMAILED DOCUMENTS ARE ACCEPTED	
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION / S	SITE VISIT	
Select Type:	Not Applicable	<u>~</u> ]
Date:		Stations.
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	ITSHELEJUBA HOSPITAL	
QUOTES SHOULD BE DELIVERED TO:	ITSHELEJUBA HOSPITAL - TENDER BOX AT MAIN SECURITY GATE	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
Name:	SAMU MAPHISA	
Email:	samukelisiwe.maphisa@kznhealth.gov.za	

Finance Manager Name:

Finance Manager Signature:

034 413 4000
MR C NHUEKQ
No late quotes will be considered

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