

Email:

Contact Number:

| Department Heath PROVINCE OF KWAZULU-HATAL | Quotation Advert  |                |
|--|---|----------------|
| Opening Date:                              | 2019-05-28  |                |
| Closing Date:                              | 2019-06-05  | - 17.<br>- 17. |
| Closing Time:                              | 11:00   | ·              |
| INSTITUTION DETAILS                        |   |                |
| Institution Name:                          | Itshelejuba hospital                                    | <b>노</b>       |
| 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  | ( · · );       |
| ITEM CATEGORY AND DETAILS                  |   |                |
| Quotation Number:                          | ZNQ:<br>086/19/20                                       |                |
| Item Category:                             | Services  | <u>~</u>       |
| Item Description:                          | ANNUAL SERVICE TO UPS                                   |                |
|  | CIDB.iEB  |                |
|  | DETAILED SPEC AVAILABLE WITH QUOTATION                  |                |
|  | FAXED OR EMAILED DOCUMENTS ARE ACCEPTED                 |                |
|  |   |                |
| Quantity (if supplies)                     |   |                |
| COMPULSORY BRIEFING SESSION                | I / SITE VISIT  |                |
| Select Type:                               | Not Applicable  | Y              |
| Date :                                     |   | species        |
| 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 ADV                | ERT MAY BE DIRECTED TO:                                 |                |
| Name:                                      | SAMU MAPHISA  |                |

samukelisiwe.maphisa@kznhealth.gov.za

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Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

Post this page.

034 413 4000

MR C NHUEKO