| a Ma | health   |
|------|--|
|      | health<br>Department:<br>Health<br>PROVINCE OF KWAZULU-HATAL |

## **Quotation Advert**

| Opening Date:   | 2019-05-21   |  |
|---|--|--|
| Closing Date:   | 2019-05-27   |  |
| Closing Time:   | 11:00  |  |
| INSTITUTION DETAILS                                   |  |  |
| Institution Name:                                     | Calherine Booth hospital   | $\nabla$   |
| Province:   | KwaZulu-Natal  |  |
| Department or Entity:                                 | Department of Health   |  |
| Division or section:                                  | Central Supply Chain Management  |  |
| Place where goods / services is required              | Ensingweni Clinic  |  |
| Date Submitted  | 2019-05-20   |  |
| ITEM CATEGORY AND DETAILS                             |  |  |
| Quotation Number:                                     | ZNQ:   |  |
| V 0-4   | 102/19-20  | V  |
| Item Category: Item Description:                      | Services Service major Aircon x1   |  |
| Quantity (if supplies)  COMPULSORY BRIEFING SESSION / | SITE VISIT   | and the state of t |
| Select Type:  | Select   | <u> </u>   |
| Date:   | Local Control of the  |  |
| Time:   |  |  |
| Venue:  | The state of the s | ***************************************  |
| QUOTES CAN BE COLLECTED FROM:                         | Catherine Booth Hospital : SCM Office  |  |
| QUOTES SHOULD BE DELIVERED TO:                        | Catherine Booth Hospital ;KwaKhoza Reserve;Amatikulu;3801  |  |
| ENQUIRIES REGARDING THE ADVE                          | RT MAY BE DIRECTED TO:   |  |
| Name:   | MS NNS ZULU  | / 17822, C18, 4794 C   |
| Email:  | nomusa.zulu@kznhealth.gov.za   |  |
| Contact Number:                                       | 035 474 8407   |  |
| Finance Manager Name:                                 | Mr MS Mtshall  |  |
| Finance Manager Signature:                            |  |  |
| (0.100  | late quotes will be considered   |  |