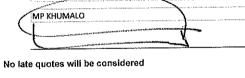


Contact Number:

## **Quotation Advert**

Opening Date:	2019-06-30	48
Closing Date:	2019-06-07	210 110
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Hlengisizwe CHC	V
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required		
Date Submitted		*9
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
	103/19/20	
Item Category:	Gaads	<u> </u>
Quantity (if supplies)	20 BANKS	
COMPULSORY BRIEFING SESSION	I SITE VISIT	
Select Type:	Not Applicable	V
Date:		279
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	HLENGISIZWE CHC	
QUOTES SHOULD BE DELIVERED TO:	HLENGISIZWE CHC	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	MG MAKHAYE	
Email:	Hlengisizwe.SCM@kznhealth.gov.za	or and a second

Finance Manager Name:
Finance Manager Signature:



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