|  | health  |
|--|---|
|  | Department<br>Health<br>PROVINCE OF KWAZULU-NAYAL |

## **Quotation Advert**

| Opening Date:                                      | 2019-05-02  | [F                |
|--|---|-------------------|
| Closing Date:                                      | 2019-05-09  | i a               |
| Closing Time:                                      | 11:00   | terre i           |
| INSTITUTION DETAILS                                |   |                   |
| Institution Name:                                  | Estcourt hospital   | V                 |
| Province:  | KwaZulu-Natal   |                   |
| Department or Entity:                              | Department of Health  |                   |
| Division or section:                               | Central Supply Chain Management                                 |                   |
| Place where goods / services is required           | MAINTENENCE DEPARTMENT  |                   |
| Date Submitted                                     | 2019-04-25  | 8                 |
| ITEM CATEGORY AND DETAILS                          |   | ·                 |
| Quotation Number:                                  | ZNQ:<br>ZNQ 120 OF 2019/2020                                    |                   |
| Item Category:                                     | Goods   | $\mathbf{\Sigma}$ |
| Item Description:                                  | 3 X STEAM RADIATORS 100 X 50 X 500 MM WITH 2 X WELDED FITTINGS. |                   |
| Quantity (if supplies) COMPULSORY BRIEFING SESSION | N / SITE VISIT  |                   |
| Select Type:                                       | Not Applicable  | Y                 |
| Date :   |   |                   |
| Time:  |   |                   |
| Venue:   |   |                   |
| QUOTES CAN BE COLLECTED FROM:                      | SCM   |                   |
| QUOTES SHOULD BE DELIVERED TO:                     | TENDER BOX.   |                   |
| ENQUIRIES REGARDING THE ADVI                       | ERT MAY BE DIRECTED TO:   |                   |
| Name:  | MR K.MISRILAL   |                   |
| Email:   | kay.misrilal@kznhealth.gov.za                                   |                   |
| Contact Number:                                    | 036 - 3427130   |                   |
| Finance Manager Name:                              | MR SG NKABINDE 036 - 3427008                                    |                   |
| Finance Manager Signature:                         | n (6)   |                   |
| No   | late wites will be considered                                   |                   |