

## **Quotation Advert**

| Opening Date:                                      | 2019-05-23   |    |
|--|--|----|
| Closing Date:                                      | 2019-06-06   | j  |
| Closing Time:                                      | 11:00  |    |
| INSTITUTION DETAILS                                |  |    |
| Institution Name:                                  | Sundumbili CHG   | i  |
| Province:  | KwaZulu-Natal  |    |
| Department or Entity:                              | Department of Health                                     |    |
| Division or section:                               | Central Supply Chain Management                          |    |
| Place where goods / services is required           | ISITHEBE CLINIC  | İ  |
| Date Submitted                                     | 2019-05-22   | ā  |
| ITEM CATEGORY AND DETAILS                          |  |    |
| Quotation Number:                                  | ZNQ:   |    |
|  | 027/19/20  | j  |
| Item Category:                                     | Services   | ļ  |
| Itom Description:                                  | INSTALLATION OF WATER TREATMENT PLANT AT ISITHESE CLINIC |    |
|  |  |    |
| Quantity (if supplies)                             |  | 1  |
| COMPULSORY BRIEFING SESSION /                      | SITE VISIT   |    |
| Select Type:                                       | Compulsory Briefing Session                              | 1  |
| Date:  | : 207,8-05-29  |    |
| Timo:  | 12H30  | 1  |
| Venue:   | ISITHEBE CLINIC  | :  |
| QUOTES CAN BE COLLECTED FROM:                      | ISITHEBE CLINIC ON SITE BRIEFING DAY                     | :  |
| QUOTES SHOULD BE DELIVERED TO:                     | TENDER BOX SITUATED AT THE MAIN ENTRANCE OF SUNDUMBILI   |    |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: |  |    |
| Name:  | NOZIPHO MTHEMBU  | j  |
| Email:   | nozipho.mthembu2@kznhealth.gov.za                        | 'n |
| Contact Number:                                    | 032 454 7565   |    |
| Finance Manager Name:                              | МВАТНА №   | :  |
| Finance Manager Signature:                         |  |    |