

Quotation Advert

| PROVINCE OF NAVEOFORINING | |
|--|--|
| Opening Date: | 2019-05-29 |
| Closing Date: | 2019-06-11 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | Gamalakhe CHC |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | Gamalakhe CHC |
| Date Submitted | 2019-05-28 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: GCHC 038/1920 |
| Item Category: | Services |
| Item Description: | SERVICING OF OXYGEN BANK AT GAMALAKHE CHC |
| | REQUIREMENT; CIDB ME1 |
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| Quantity (if supplies) | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | |
| Select Type: | Compulsory Site Visit |
| Date: | 2019-06-04 |
| Time: | 10h00 |
| Venue: | GAMALAKHE CHC - BOARDROOM |
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| QUOTES CAN BE COLLECTED FROM: | GAMALAKHE CHC ON SITE MEETING DATE |
| QUOTES SHOULD BE DELIVERED TO: | OFF RAY NKONYENI ROAD CORNER MICHEAL NSIMBI & REV SITHOLE ROAD GAMALAKHE |
| ENQUIRIES REGARDING THE ADVER | RT MAY BE DIRECTED TO: |
| Name: | HLENGIWE KHOWA |
| Email: | hlengiwe.khowa@kznhealth.gov.za |
| Contact Number: | 039 318 1113 |
| Finance Manager Name: | Mrs. BP Mthembu |
| | RPUBL |
| Finance Manager Signature: | (b) / · |