

Quotation Advert

Opening Date:	2019-05-17	ie.
Closing Date:	2019-05-31	10
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	St Mary's Marianhill	*
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	No.1 Hospital Road, Abbot Francis Monastry, Mariannhill 3610	
Date Submitted	2019-05-15	Įį.
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 44/2019	
Item Category:	Services	
Item Description:	2 YEAR CONTRACT: SERVICE, MAINTAIN AND REPAIRS OF XS - AUTOMATED DOORS X9 - MAGNETIC DOORS X1 - AUTOMATIC GATE X1 - GARAGE DOOR *DETAILED QUOTATION FORMS ARE AVAILABLE AT ST MARYS DISTR	ICT
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Quantity (If supplies)	N/A	And it is conserved to a great section.
Quantity (if supplies) COMPULSORY BRIEFING SESSION /	\$	
	\$	
COMPULSORY BRIEFING SESSION	SITE VISIT	*
COMPULSORY BRIEFING SESSION / Select Type:	SITE VISIT Compulsory Site Visit	
COMPULSORY BRIEFING SESSION / Select Type: Date:	SITE VISIT Compulsory Site Visit 2019-05-28	
COMPULSORY BRIEFING SESSION / Select Type: Date: Time:	SITE VISIT Compulsory Site Visit 2019-05-28 10:30	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue:	Compulsory Site Visit 2019-05-28 10:30 No.1 Hospital Road, Abbot Francis Monastry, Mariannhill 3610	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	Compulsory Site Visit 2019-05-28 10:30 No.1 Hospital Road, Abbot Francis Monastry, Mariannfill 3610 ST MARY'S HOSPITAL - SCM MAIN ENTRANCE OF HOSPITAL, SECURITY POINT - TENDER BOX	
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COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER Name: Email: Contact Number: Finance Manager Name:	Compulsory Site Visit 2019-05-28 10:30 No.1 Hospital Road, Abbot Francis Monastry, Mariannhill 3610 ST MARY'S HOSPITAL - SCM MAIN ENTRANCE OF HOSPITAL, SECURITY POINT - TENDER BOX RT MAY BE DIRECTED TO: Miss T Goge Thandazile_goge@kznhealth_gov.za 031 717 1025	