




## Quotation Advert

**Opening Date:**    
**Closing Date:**    
**Closing Time:**



### INSTITUTION DETAILS

**Institution Name:**    
**Province:**   
**Department or Entity:**   
**Division or section:**   
**Place where goods / services is required**   
**Date Submitted**  

### ITEM CATEGORY AND DETAILS

**Quotation Number:**   
**Item Category:**    
**Item Description:**   
**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:**    
**Date :**    
**Time:**   
**Venue:**

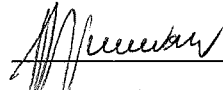
**QUOTES CAN BE COLLECTED FROM:**   
**QUOTES SHOULD BE DELIVERED TO:**

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:**

**Email:** andile.gumede@kznhealth.gov.za  
**Contact Number:** 0355920150 EXT 212  
**Finance Manager Name:** MISS T.L VUMASE

**Finance Manager Signature:**



No late quotes will be considered

UMNYANGO WEZEMPILO KWAZULU NATAL  
DEPARTMENT OF KWAZULU-NATAL  
DEPARTMENTAL FINANCE SECTION  
  
27 -05- 2019  
  
MANGUZI HOSPITAL  
PRIVATE BAG X301  
KWANGWANASE 3973