

## 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

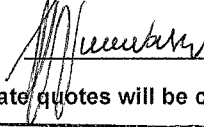
**Contact Number:**

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  
  
MANCINI HOSPITAL  
PRIVATE BAG X301  
KWANGWANASE 3973