

Email:

Contact Number:

Quotation Advert

	•	
Opening Date:	2019-05-29	T.D
Closing Date:	2019-06-05	- D
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Ngwelezane hospital	abla
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	NGWELEZANE HOSPITAL	
Date Submitted	2019-05-28	Ţ p
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: <u>A</u> 56/19-20	
Item Category:	Goods	∇
Quantity (if supplies)	15 UNITS	
COMPULSORY BRIEFING SESSION	SITE VISIT	
Select Type:	Not Applicable	\overline{V}
Date :		-
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	NGWELEZANE HOSPITAL STORES DEPT	
QUOTES SHOULD BE DELIVERED TO:	NGWELEZANE HOSPITAL TENDER BOX NEXT TO OPD	
ENQUIRIES REGARDING THE ADVER	RT MAY BE DIRECTED TO:	
Name:	N.Z DLADLA/ N.S MNGOMEZULU	

nomathandazo.mngomezulu@kznhealth.gov.za

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9.



Finance Manager Signature:

035 901 7228/7180 MR L SHANDU

No late quotes will be considered

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