

Opening Date: 2019-11-05

Closing Date: 2019-11-12

Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: Pomeroy CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: POMEROY CHC

Date Submitted: 2019-11-04

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
182/19/20

Item Category: Goods

Item Description: SUPPLY AND DELIVER HIDING HEIDI LOW CONTRAST TEST

Quantity (if supplies) 01

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: POMEROY CHC

QUOTES SHOULD BE DELIVERED TO: QUOTATION MUST BE DEPOSITED IN THE TENDER BOX ( NEXT TO SECURITY ROOM) WHICH IS ACCESSIBLE 24 HOURS

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

Name: Ms T.B Mntungwa

Email: Thembelihle.Mntungwa@kznhealth.gov.za

Contact Number: 034 662 3349

Finance Manager Name: Ms N.I Makhoba

Finance Manager Signature: 

**No late quotes will be considered**