



Quotation Advert

Opening Date: 2019-10-23
Closing Date: 2019-10-29
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Greytown hospital
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required SCM
Date Submitted 2019-10-22

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
01/09/2019
Item Category: Goods
Item Description: SUPPLY AND DELIVER FORM X-RAY REQUEST FORM CAT.NO.2354601

Quantity (if supplies) 30 BOXES

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: GREYTOWN HOSPITALS C M FROM 7:30 TO 16:00 WEEK DAYS

QUOTES SHOULD BE DELIVERED TO: Greytown hospital bell street ext-must be deposited in attender box next to the main gate or email to bon@ukwanda.ifaanin@kznhealth.gov.za

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO

Name: Ms. P.N Khanyile or Mrs T.R. Jali
Email: siyabonga.mzolo@kznhealth.gov.za
Contact Number: 033 4139 431 Ext:291
Finance Manager Name: MR R .Haniff

Finance Manager Signature:

No late quotes will be considered