






## Quotation Advert

Opening Date: 2019-10-07   
Closing Date: 2019-10-10   
Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: Phoenix CHC   
Province: KwaZulu-Natal  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management  
Place where goods / services is required: PHOENIX COMMUNITY HEALTH CENTRE  
Date Submitted: 2019-10-04 

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
145/2019  
Item Category: Goods   
Item Description: VISUAL ASSISTIVE DEVICE- SINGLE VISION NEAR (ONLY) READY MADE READERS (SPECTACLES)

Quantity (if supplies) 45 UNITS

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable   
Date :   
Time:  
Venue:

QUOTES CAN BE COLLECTED FROM: PHOENIX COMMUNITY HEALTH CENTRE

QUOTES SHOULD BE DELIVERED TO: PHOENIX COMMUNITY HEALTH CENTR

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

Name: SILONDIWE GUMEDE  
Email: silondiwe.gumede@kznhealth.gov.za  
Contact Number: 0315380877  
Finance Manager Name: TRES GOVENDER

Finance Manager Signature:

  
No late quotes will be considered