

## Quotation Advert

**Opening Date:** 2019-10-18

**Closing Date:** 2019-10-28

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Newtown CHC

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** NEWTOWN CHC

**Date Submitted** 2019-10-16

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
161-19/20

**Item Category:** Goods

**Item Description:** SUPPLY PRESCRIPTION GLASSES SPECIFICATION AND QUOTATION TO BE COLLECTED AT NEWTOWN CHC

### Quantity (if supplies)

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Select...

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** NEWTOWN CHC

**QUOTES SHOULD BE DELIVERED TO:** NEWTOWN CHC

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

**Name:** DUMISANI MSWELI

**Email:** zandilekhumalo0120@kznhealth.gov.za

**Contact Number:**

031-5109800

Finance Manager Name:

Mrs N.C Dube

Finance Manager Signature:

  

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No late quotes will be considered