





# Quotation Advert


**Opening Date:** 2019-10-07   
**Closing Date:** 2019-10-17 

**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** Charles Johnson Memorial hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** CHARLES JOHNSON MEMORIAL HOSPITAL  
**Date Submitted** 2019-10-07 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
00164/2019-20  
**Item Category:** Goods   
**Item Description:** SUPPLY AND FIT DISCLAIMER BOARD AT MANXILI CLINIC

**Quantity (if supplies)**

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable   
**Date :**   
**Time:**  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** CHARLES JOHNSON MEMORIAL HOSPITAL SCM

**QUOTES SHOULD BE DELIVERED TO:** CHARLES JOHNSON MEMORIAL HOSPITAL TENDER BOX NEXT TO OPD GATE AT LOT 92 HLUBI STREET NQUTU 3131

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** B. MABASO  
**Email:** vusumuzi.mabaso@kznhealth.gov.za  
**Contact Number:** 034 - 271 6447  
**Finance Manager Name:** E.M. MAHLINZA

**Finance Manager Signature:** 