

**Contact Number:** 

## **Quotation Advert**

| PROPRIES OF MINEUSONAINE                 |                                  |
|--|----------------------------------|
| Opening Date:                            | 2019-10-09                       |
| Closing Date:                            | 2019-10-16                       |
| Closing Time:                            | 11:00                            |
| INSTITUTION DETAILS                      |                                  |
| Institution Name:                        | Pholela CHC                      |
| Province:                                | KwaZulu-Natal                    |
| Department or Entity:                    | Department of Health             |
| Division or section:                     | Central Supply Chain Management  |
| Place where goods / services is required | Pholela CHC                      |
| Date Submitted                           | 2019-10-07                       |
| ITEM CATEGORY AND DETAILS                |                                  |
| Quotation Number:                        | ZNQ:<br>167/19/20PCHC            |
| Item Category:                           | Services                         |
| Item Description:                        | Build car wash bay               |
|  |                                  |
| Quantity (if supplies)                   |                                  |
| COMPULSORY BRIEFING SESSION / S          | SITE VISIT                       |
| Select Type:                             | :Compulsory Site Visit           |
| Date:                                    | 2019-10-11                       |
| Time:                                    | 10:00                            |
| Venue:                                   | Pholeta CHC                      |
| QUOTES CAN BE COLLECTED FROM:            | Pholefa CHC                      |
| QUOTES SHOULD BE DELIVERED TO:           | Photela CHC tender box           |
| ENQUIRIES REGARDING THE ADVERT           | MAY BE DIRECTED TO:              |
| Name:                                    | Hlengiwe                         |
| Email:                                   | hlengiwe.mkhize@kznhealth.gov.za |

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Finance Manager Signature:

No late quotes will be considered

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Finance Manager Name:

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L.P Sibetha