

Opening Date:	2019-10-02	
Closing Date:	2019-10-17	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Mosvold hospital	
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	MOSVOLD HOSPITAL	
Date Submitted	2019-10-02	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 204 / 19/ 20	
Item Category:	Goods	
Item Description:	SUPPLY X-RAY FILM	
Quantity (if supplies)	30	
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	
Date :		
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	MOSVOLD HOSPITAL SCM DEPARTMENT	
QUOTES SHOULD BE DELIVERED TO:	MISS NONHLANHLA ZIKHALI	
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	MISS NONHLAHLA ZIKHALI	
Email:	nonhlanhla.zikhali@kznhealth.gov.za	
Contact Number:		

035 591 0122 EXT 153

Finance Manager Name:





MRS N.P MYENI

Finance Manager Signature:



A handwritten signature in black ink, appearing to read 'Mrs N.P Myeni', is written over a horizontal line. The signature is stylized and cursive.

No late quotes will be considered

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