



Quotation Advert

Opening Date: 2019-10-10

Closing Date: 2019-10-18

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Greytown hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: EYE CLINIC

Date Submitted: 2019-10-10

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 27/10/2019

Item Category: Goods

Item Description: SUPPLY AND DELIVER PORTABLE COLOUR CODED TRIAL LEN S SET

Quantity (if supplies): 01 UNIT

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: GREYTOWN HOSPITAL (SCM) FROM 7:30 TO 16:00 WEEKDAYS

QUOTES SHOULD BE DELIVERED TO: Greytown Hosp bell street -must be deposited in a tender box next to the gate or email to bongukwanda.dlamini@kznhealth.gov.za

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Ms. P.N Khanyile or Mrs T.R. Jali

Email: siyabonga.mzolo@kznhealth.gov.za

Contact Number: 033 4139 431 Ext:291

Finance Manager Name: MR R. Haniff

Finance Manager Signature: _____

No late quotes will be considered