



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:
32/10/2019
Item Category: Goods
Item Description: SUPPLY AND DELIVER TRIAL FRAME (ADULT)

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