| health Department: Health PROVINCE OF KWAZULU-NATAL | Quotation Advert |
|--|--|
| Opening Date: | 2019-10-21 |
| Closing Date: | 2019-10-25 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | KwaDabeka CHC |
| Province: | KwaZuiu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | KwaDabeka CHC |
| Date Submitted | 2019-10-18 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: |
| Harr Catagory | 325/19 |
| Item Category: | Goods |
| Item Description: | ADULT MALE PATIENT HEALTH CARE RECORDS FOR PRIMARY HEALTH CARE - NAVY BLUE IN COLOUR |
| | 200 UNITS - To be Delivered at Maphephetheni Clinic 2 000 UNITS - To be Delivered at Zwelibomvu Clinic 20 000 UNITS - To be Delivered at KwaNdengezi Clinic 2 000 UNITS - To be Delivered at KwaNgcolosi Clinic |
| Quantity (if supplies) | 24 200 UNITS |
| COMPULSORY BRIEFING SESSION / SITE VISIT | |
| Select Type: | Not Applicable |
| Date: | |
| Time: | |
| Venue: | 17 13 14 14 14 14 14 14 14 14 14 14 14 14 14 |
| QUOTES CAN BE COLLECTED FROM: | 04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT |
| QUOTES SHOULD BE DELIVERED TO: | 04 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX ONLY |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | |
| Name: | SIMPHIWE MTHIYANE |
| Email: | Simphiwe.Mthiyane@kznhealth.gov.za |
| Contact Number: | 031 714 3762 |
| Finance Manager Name: | MRS-40NDI |

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No late quotes will be considered

Finance Manager Signature: