

Contact Number:

## **Quotation** Advert

Opening Date:	2019-10-25	,, . 1.,
Closing Date:	2019-11-01	21.00
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Mbongolwane hospital	V
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	MBONGOŁWANE HOSPITAL	
Date Submitted	2019-10-21	
ITHE CATEGORY AND DETAILS		
Quotation Number:	ZNQ: ZNQ 095 2019/20	
Item Category:	Goods	Y
Item Description:	SUPPLY, DELIVER AND INSTALL	
	HOOD TYPE DISH WASHER COMPLETE SET HIGH SPLASHBACK BFOR IN TABLE FOR MOUNING PER LINSE SPRAY BE INCLUDED X 01 UNIT	LET
	SPECIFICATION ATTACHED	
	3	
Quantity (if supplies)	01 UNIT	
COMPULSORY ERIEFING SESSION / S	RITE VISIT	
Select Type:	Not Applicable	V
Date:		: .
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	SUPPLY CHAIN DEPARTMENT (STORES)	
QUOTES SHOULD BE DELIVERED TO:	THE TENDER BOX NEXT TO C.E.O AND HUMAN RESOURCE OFFICE, DOCUMENT SHOULD 8E ON A SEALED ENVELOP AND MUST 8E MARKE	D
CACCURICS REGARDING THE ADVERT	"MAY BE DIRECTED. TO:	
Name:	M.N NTULI	
Email:	mzikayise.ntuli@kznhealth.gov.za	

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Finance Manager Name:

Finance Manager Signature:

(035) 476 6008

Mr. ES MGOBHOZI

No late quotes will be considered

24/10/2010

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