

Email:

Quotation Advert

| Opening Date: | 2019-10-24 | |
|--|---|-----------|
| Closing Date: | 2019-11-08 | = |
| Closing Time: | 11:00 | <u>==</u> |
| INSTITUTION DETAILS | | |
| Institution Name: | Select | |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | OTIMATI CLINIC | |
| Date Submitted | 2019-10-24 | |
| TEM CATEGORY AND DETAILS | | =0 |
| Quotation Number: | ZNQ: C14/19/20 | |
| tem Category: | Services | 67 |
| tem Description: | PEST CONTROL SERVICE FOR THE PERIOD OF 12 MONTHS (1 YEAR) AT OTIMATI CLINIC | |
| | | |
| Quantity (if supplies) | 01 | |
| COMPULSORY BRIEFING SESSION / | SITE VISIT | |
| Select Type: | | |
| | Both | I⊽I |
| • • | | ∇ |
| Date : | Both | ∨ ■ |
| Date : | Both 2019-10-31 | _ |
| Oate : Time: Venue: | Both 2019-10-31 12:00 | _ |
| Oate : Fime: /enue: QUOTES CAN BE COLLECTED FROM: | Both 2019-10-31 12:00 OTIMATI CLINIC | |
| Date: Date: Control Type: Control | Both 2019-10-31 12:00 OTIMATI CLINIC R74 GREYTOWN ROAD MAPHUMULO 4470 (MBHEKAPHANSI CLINIC) R74 GREYTOWN ROAD MAPHUMULO 4470 (UMPHUMULO HOSPITAL) | |

SIBONELO.SITHOLE@KZNHEALTH.GOV.ZA

Contact Number:

Finance Manager Name:

Finance Manager Signature:

032 481 4181 /03 MRS NM SELEPE

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No late quotes will be considered

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