



Quotation Advert

Opening Date: 2019-09-05
 Closing Date: 2019-09-12
 Closing Time: 11:00

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: SCM
 Date Submitted: 2019-09-05

DETAILS

Quotation Number: ZNQ:
 01/09/2019
 Item Category: Goods
 Item Description: SUPPLY AND DELIVER FORM X-RAY REQUEST FORM CAT.NO. 23 54601

Quantity (if supplies): 30 BOXES

DESCRIPTION / 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 ext-must be deposited in a tender box next to the main gate or email to bongokwanda@amimarketing.co.za

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:

A handwritten signature in black ink, appearing to be 'R. Haniff', written over a horizontal line.

No late quotes will be considered