

Contact Number:

Quotation Advert

Opening Date:	2019-09-06
Closing Date:	2019-09-18
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Turton CHC
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	NYANGWINI CLINIC
Date Submitted	2019-09-05
ITEM CATEGORY AND DETAILS	
Quotation Number;	ZNQ: /121/1920
Item Category:	Services
Item Description:	REPAIRS TO FENCE AND MINOR WORK TO THE CLINIC (NYANGWINI CLINIC)
	CIDB GB1 REQUIRED
Quantity (if supplies)	oi
COMPULSORY BRIEFING SESSION /	SITE VISIT
Select Type:	Compulsory Briefing Session
Date:	2019-09-11
Time:	12:00PM
Venue:	NYANGWINI CLINIC
QUOTES CAN BE COLLECTED FROM:	NYANGWINI CLINIC
QUOTES SHOULD BE DELIVERED TO:	TURTON CHC
ENQUIRIES REGARDING THE ADVER	RT MAY BE DIRECTED TO:
Name:	NOMBALI NDLOVU
Email:	nombali.ndlovu@kznhealth.gov.za

Finance Manager Name:

Finance Manager Signature:





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