




Quotation Advert

Opening Date: 2019-09-05 

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: TURTON CHC SUPPORTED CLINICS

Date Submitted: 2019-09-04 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
123/1920

Item Category: Goods 

Item Description: HIGH DENSITY FILING CABINETS:
KHAYELIHLE, MGAYI, GQAYINYANGA,
NDELU, MABHELENI, BAPHUMILE

SUPPLY AND DELIVER
ATTACH CSD REPORT ON QUOTATION
AS PER ATTACHED SPECIFICATION

Quantity (if supplies) 06 UNIT

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... 

Date: 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: NOMBALI NDLOVU

Email: nombali.ndlovu@kznhealth.gov.za

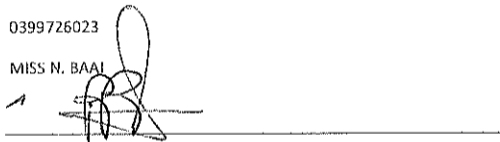
Contact Number:

Finance Manager Name:

0399726023

MISS N. BAAI

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'N. BAAI', is written over a horizontal line. The signature is stylized and somewhat illegible. To the left of the signature, there is a small handwritten mark that looks like a checkmark or the number '1'.

No late quotes will be considered