





## Quotation Advert

Opening Date:	2019-09-05	
Closing Date:	2019-09-18	
Closing Time:	11:00	
<b>INSTITUTION DETAILS</b>		
Institution Name:	Turton CHC	<input checked="" type="checkbox"/>
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	TURTON CHC	
Date Submitted	2019-09-04	
<b>ITEM CATEGORY AND DETAILS</b>		
Quotation Number:	ZNQ: 124/1920	
Item Category:	Goods	<input checked="" type="checkbox"/>
Item Description:	<div style="border: 1px solid black; padding: 5px;"><p>DIATHERMY SUPPLY AND DELIVER ATTACH CSD REPORT ON QUOTATION AS PER ATTACHED SPECIFICATION</p></div>	
Quantity (if supplies)	01 UNIT	
<b>COMPULSORY BRIEFING SESSION / SITE VISIT</b>		
Select Type:	Select...	<input checked="" type="checkbox"/>
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. HAAI

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'N. HAAI', written over a horizontal line. The signature is stylized and somewhat illegible.

No late quotes will be considered