

Opening Date: 2019-09-27
Closing Date: 2019-10-04
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Pomeroy CHC
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: POMEROY CHC
Date Submitted: 2019-09-26

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
132/19/20
Item Category: Goods
Item Description: SUPPLY AND DELIVER VISUAL ASSISTIVE DEVICES (SPECTACLES)

Quantity (if supplies) 409

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable
Date :
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: POMEROY CHC

QUOTES SHOULD BE DELIVERED TO: QUOTATION MUST BE DEPOSITED IN THE TENDER BOX (NEXT TO SECURITY ROOM) WHICH IS ACCESSIBLE 24 HOURS

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Ms T.B MNTUNGWA
Email: Thembelihle.Mntungwa@kznhealth.gov.za
Contact Number: 034 662 3349
Finance Manager Name: Ms N.I MAKHOBA

Finance Manager Signature:

