

Quotation Advert

Opening Date:
Closing Date:
Closing Time: 11:00

INSTITUTION DETAILS

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

ITEM CATEGORY AND DETAILS

Quotation Number:
Item Category:
Item Description:

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:
Date:
Time:
Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:
Email:
Contact Number:
Finance Manager Name:
Finance Manager Signature: