

Quotation Advert

Opening Date:

~~2019-09-04~~

2019/09/09



Closing Date:

~~2019-09-11~~

2019/09/16



Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Itshelejuba hospital



Province:

KwaZulu-Natal

Department or Entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods / services is required

ITSHELEJUBA HOSPITAL

Date Submitted

2019-09-02



ITEM CATEGORY AND DETAILS

Quotation Number:

ZNQ:
169/19/20

Item Category:

Goods



Item Description:

SUPPLY AND DELIVERY OF NEEDLE HYPO LUER 20G

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not Applicable



Date :



Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

N.N VUNDLA

Email:

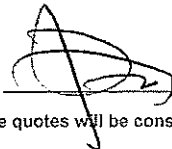
michael.sikosana@kznhealth.gov.za

Contact Number:

034 413 4058/4047

Finance Manager Name:

Finance Manager Signature:

A handwritten signature in black ink, consisting of several overlapping loops and a long vertical stroke, positioned above a horizontal line.

No late quotes will be considered

SharePoint

Sikosana Michael ▾ ?



health
Department
Health
PROVINCE OF KWAZULU-NATAL

KZN HEALTH

KZN Health Intranet

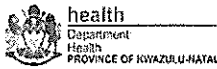
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KZN Health > Components > Supply Chain Management

AdvertQuote

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Opening Date: ~~2019-09-04~~ 2019/09/09

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INSTITUTION DETAILS

Institution Name: Itshelejuba hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: ITSHELEJUBA HOSPITAL

Date Submitted: 2019-09-02

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
288/19/20

Item Category: Goods

Item Description: SUPPLY AND DELIVERY OF SPLINTING PAN
SPECIFICATION ATTACHED

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: N.N VUNDLA

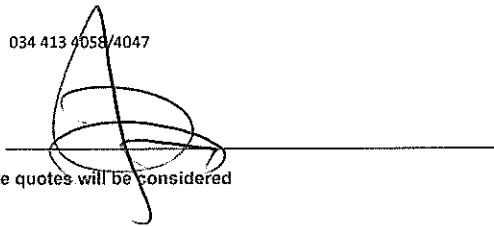
Email: michael.sikosana@kznhealth.gov.za

Contact Number:






034 413 4058/4047

Finance Manager Name:

Finance Manager Signature:

A handwritten signature in black ink is written over a horizontal line. The signature is stylized and somewhat illegible.

No late quotes will be considered

 Submit  Save  Save As...  Close  Print Preview

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Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.
2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: webmaster@kznhealth.gov.za for uploading to the department website.
3. N.B if the scanned copy emailed to web Administration is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

Site Updated: 04 September 2019, 10:56 am

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