a Aka	health
	Départment:
	Department: Health PROVINCE OF KWAZULU NAYAL

## **Quotation Advert**

Opening Date:	2019-09-06	
Closing Date:	2019-09-13	<b>110</b>
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	eThekwini Metro district office	$\overline{\mathbf{v}}$
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	GALE STREET MORTUARY	
Date Submitted	2019-09-06	
ITEM CATEGORY AND DETAILS	<u> </u>	
Quotation Number:	ZNQ:	
Quotation number.	189/08/19-20	
Item Category:	Goods	V
Item Description:	INSTRUMENTS STERILIZING MACHINE	
Quantity (if supplies)		and property and DECOMMENT AND ADDRESS AND
COMPULSORY BRIEFING SESSION	/ SITE VISIT	
Select Type:	Select	<u> </u>
Date:		
Time:		24, 15, 10, 10, 15, 12, 12, 12, 12, 13, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15
Venue:	gar er handradd fra samer eine einer authriterinn eine sinndar, de dauf mannen gener kommundad fre gemannen eine kolonisch B	V. /
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QUOTES CAN BE COLLECTED FROM:	ETHEKWINI DISTRICT OFFICE	
QUOTES SHOULD BE DELIVERED TO:	ETHEKWINI DISTRICT OFFICE/HIGHWAY HOUSE	
ENQUIRIES REGARDING THE ADVE	ERT MAY BE DIRECTED TO:	
Name:	THEMBANI LUTHULI	
Email:	thembani.luthull@kznhealth.gov.za	
Contact Number:	031 240 5517	
Finance Manager Name:	V MARAIS	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Einance Manager Signature	YKN ONDO	