

Quotation Advert

| Opening Date: | 2019-09-09 |
|--|---|
| Closing Date: | 2019-09-30 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | KwaDabeka CHC |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | KwaDabeka CHC |
| Date Submitted | 2019-09-06 |
| ITEM CATEGORY AND DETAILS | The material and the control of the |
| Quotation Number: | ZNQ: |
| | 255/19 |
| Item Category: | Services |
| Item Description: | UPGRADING OF DISABLED TOILETS AT KWANGCOLOSI CLINIC |
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| Quantity (if cumplies) | \$\frac{1}{2}\frac{1}{2 |
| Quantity (if supplies) | l NITE WAIT |
| COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Compulsory Briefing Session | |
| Date: | Compulsory Briefing Session |
| | 2019-09-18 |
| Time: | 11h00 |
| Venue: | KwaNgcolosi Clinic |
| QUOTES CAN BE COLLECTED FROM: | Will Available on Site Briefing |
| QUOTES CAR BE COLLEGED I HOW! | |
| QUOTES SHOULD BE DELIVERED TO: | 04 Khululeka Drive, KwaDabeka Township - Tender Box Only |
| | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: SIMPHIME MITHIVANE | |
| | SIMPHIWE MTHIYANE |
| Email: | Simphiwe.Mthiyane@kznhealth.gov.za |
| Contact Number: | 031 714 3762 |
| Finance Manager Name: | MRS ZONDI |
| Finance Manager Signature: | m D. |