



**Opening Date:** 2019-09-10   
**Closing Date:** 2019-09-18   
**Closing Time:** 11:00

## INSTITUTION DETAILS



**Institution Name:** St Andrews hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** ST ANDREWS DISTRICT HOSPITAL  
**Date Submitted** 2019-09-10 


## ITEM CATEGORY AND DETAILS


**Quotation Number:** ZNQ:  
334 / 19 / 20  
**Item Category:** Services   
**Item Description:** SERVICE TO KITCHEN EQUIPMENT

**Quantity (if supplies)** AS PER SCHEDULE

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Site Visit   
**Date :** 2019-09-13   
**Time:** 11:00AM  
**Venue:** 14 MOODIE STREET, HARDING 4680, ST ANDREWS DISTRICT HOSPITAL'S MAIN WORKSHOP OFFICE

**QUOTES CAN BE COLLECTED FROM:** QUOTES WILL BE HANDED TO THE SUPPLIERS DURING THE COMPULSORY BRIEFING SESSION. 

**QUOTES SHOULD BE DELIVERED TO:** 14 MOODIE STREET, HARDING, QUOTES TO BE DEPOSITED IN THE TENDER BOX SITUATED NEXT TO THE MAIN SECURITY GATE, OR EMAIL 

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** MR. S KHUZWAYO  
**Email:** ronnie.rg85@gmail.com  
**Contact Number:** 039-433 1955 Ext 215/223  
**Finance Manager Name:** MR. R S GOVENDER

**Finance Manager Signature:** 

No late quotes will be considered