




**Opening Date:** 2019-09-25   
**Closing Date:** 2019-10-04   
**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** 2019-09-25 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
358 / 19 / 20  
**Item Category:** Goods   
**Item Description:** INSTALLATION OF HIGH DENSITY FILLING CABINETS (PATIENT ADMINISTRATION DEPARTMENT)

**Quantity (if supplies)** 01 UNIT

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Site Visit   
**Date :** 2019-09-27   
**Time:** 09H00AM  
**Venue:** 14 MOODIE STREET, ST ANDREWS DISTRICT HOSPITAL'S MAIN WORKSHOP OFFICE

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

**QUOTES SHOULD BE DELIVERED TO:** QUOTATIONS SHOULD BE DELIVERED TO 14 MOODIE STREET, HARDING OR SEND VIA EMAIL TO [ronnie.rg85@gmail.com](mailto:ronnie.rg85@gmail.com)

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** MR. S KHUZWAYO  
**Email:** [ronnie.rg85@gmail.com](mailto: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