

## Quotation Advert

|  |  |   |
|--|--|---|
| Opening Date:                            | 2019-09-12   |  |
| Closing Date:                            | 2019-09-20   |  |
| Closing Time:                            | 11:00  |   |
| <b>INSTITUTION DETAILS</b>               |  |   |
| Institution Name:                        | St Andrews hospital                                | <input checked="" type="checkbox"/>   |
| 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                           | 2019-09-12   |  |
| <b>ITEM CATEGORY AND DETAILS</b>         |  |   |
| Quotation Number:                        | ZNQ:<br>97 / 19 / 20                               |   |
| Item Category:                           | Goods  | <input checked="" type="checkbox"/>   |
| Item Description:                        | PORTABLE MEDICAL VEIN FINDER - ILLUMINATION SYSTEM |   |

Quantity (if supplies) 02 UNITS

### 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: MR. S KHUZWAYO  
Email: ronnie.rg85@gmail.com  
Contact Number: 039-433 1955 Ext 215/223/315  
Finance Manager Name: MR. R S GOVENDER

Finance Manager Signature:



No late quotes will be considered