

Opening Date: 2019-09-09

Closing Date: 2019-09-18

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Murchison hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: N2 Main Harding Road Murchison Hospital

Date Submitted: 2019-09-05

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
MH119/19/20

Item Category: Goods

Item Description: Covers record out patient
Povince of KwaZulu Natal

Quantity (if supplies): 100 Pkts

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: N2 Main Harding Road Murchison Hospital

QUOTES SHOULD BE DELIVERED TO: N2 Main Harding Road Murchison Hospital

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: SIBONISO

Email: scm.murchisonhospital@kznhealth.gov.za

Contact Number: 039 687 7311 ext. 170

Finance Manager Name: Z.A CELE

Finance Manager Signature: 