

## **Quotation Advert**

THE THE PERSON NAMED	
Opening Date:	2020-04-28
Closing Date:	2020-05-06
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Gamalakhe CHC
Province:	KwaZułu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Gamalakhe CHC
Date Submitted	2020-04-24
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: GCHC 012/2021
Item Category:	Goods
Item Description:	SUPPLY AND DELIVER HEADCOUNT REGISTER
Quantify (If supplies)	
COMPULSORY BRIEFING SESSION	
Select Type:	Not Applicable
Date:	
Time:	en de la companya de La companya de la co
Venue;	
QUOTES CAN BE COLLECTED FROM:	GAMALAKHE CHC SCM DEPARTMENT
QUOTES SHOULD BE DELIVERED TO:	GAMALAKHE CHC - TENDER BOX
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
Name:	Mr P Ngubo
Email:	philani.ngubo@kznhealth.gov.za
Contact Number:	039 318 1113
Finance Manager Name:	Mrs. BP Mthembu
Finance Manager Signature	(R.F) utor

No late quotes will be considered