

# Quotation Advert

Opening Date: 20/04/2020  
Closing Date: 29/04/2020

Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name: UNTunjambili Hospital  
Province:  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management  
Place where goods / services is required: UNTunjambili Hospital  
Date Submitted:

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ 480/2019/20  
Date submitted: 20/04/2020  
Item Category: GOODS  
Item Description: SUPPLY AND DELIVER SETS X-RAY REQUEST FORM  
QTY=60 PKTS

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: N/A  
Date: N/A  
Time: Venue: N/A  
QUOTES CAN BE COLLECTED FROM: N/A  
QUOTES SHOULD BE DELIVERED TO: N/A

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: PORTIA BUTHELEZI  
Email: Zanele.makhwasa@kznhealth.gov.za  
Contact Number: 033 444 0818

Finance Manager Name:

Finance Manager

ZANELE MADONSELA

Finance Manager Signature:

