






Opening Date: 
Closing Date: 
Closing Time: 11:00

INSTITUTION DETAILS



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

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:

Item Category: 
Item Description:
Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:
Email:
Contact Number:
Finance Manager Name:
Finance Manager Signature: 

No late quotes will be considered