Opening Date.	2020-08-20	
Closing Date:	2020-09-09	
Closing Time:	11:00	
INSTITUTION DETAILS		[7]
Institution Name:	Nkandla hospital	$\sim$
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods I services is required	NKANDLA HOSPITAL	
Date Submitted	2020-08-28	<u>[e]</u>
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 182/2020/21	
Item Category:	Services	$\checkmark$
Item Description:	Supply and erect flu clinic	
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	I / SITE VISIT	
Select Type:	Compulsory Site Visit	$\checkmark$
Date:	2020-09-02	
Time:	12 HOO	
Venue:	NKANDLA HOSPITAL	
QUOTES CAN BE COLLECTED FROM:	During the site briefing	
QUOTES SHOULD BE DELIVERED TO:	Nkandla quote box	
ENQUIRIES REGARDING THE ADV	ERT MAY BE DIRECTED TO:	
Name:	Ozias Biyela	
Email:		<b>A</b>
Contact Number:	035 833 508	
Finance Manager Name:	SC BEKWA	
Finance Manager Signature:	Mm .	
	No late quotes will be considered	
$\parallel \setminus \parallel$		