| health Department: Health PROYECTE OF KYAZULU-HATAL | uotation Advert                                       |  |
|---|---|--|
| Opening Date:                                       | 2020-08-18  | <u> F</u>  |
| Closing Date:                                       | 2020-08-26  | 翻  |
| Closing Time:                                       | 11:00   |  |
| INSTITUTION DETAILS                                 |   |  |
| Institution Name:                                   | Hlengisizwe CHC                                       | V  |
| Province:   | KwaZulu-Natat   |  |
| Department or Entity:                               | Department of Health                                  |  |
| Division or section:                                | Central Supply Chain Management                       |  |
| Place where goods / services is required            | Msunduzi Clinic                                       |  |
| Date Submitted                                      | 2020-08-18  | 圙  |
| ITEM CATEGORY AND DETAILS                           |   |  |
| Quotation Number:                                   | ZNQ:  |  |
| M   | 222/20/21   |  |
| Item Category: Item Description:                    | Services  CONSTRUCTION OF A PARALLEL SOAK AWAY SYSTEM |  |
|   | (REPOSITIONING)                                       |  |
|   |   |  |
| Quantity (if supplies)                              |   |  |
| COMPULSORY BRIEFING SESSION / SITE VISIT            |   |  |
| Select Type:  | Compulsory Site Visit                                 | $\Box$   |
| Date :  | 2020-08-27  | <b>[10</b> ]   |
| Time:   | 11H00   | The state of the s |
| Venue:  | MSUNDUZI CLINIC                                       |  |
|   |   |  |
| QUOTES CAN BE COLLECTED FROM:                       | HLENGISłZWE   |  |
| QUOTES SHOULD BE DELIVERED TO:                      | HLENGISIZWE CHC TENDER BOX                            |  |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:  |   |  |
| Name:   | MG MAKHAYE  |  |
| Email:  | Hlengisizwe.SCM@kznhealth.gov.za                      | A Paragraphic Control of the Control |
| Contact Number                                      |   |  |

Finance Manager Name:

Finance Manager Signature:



