Time:	12:00	
Date:	2020-08-19	
Select Type:	Compulsory Site Visit	
COMPULSORY BRIEFING SESSION	N/SITE VISIT	
Quantity (if supplies)		
nem Description.	PEST CONTROL GOODWINS CLINIC	
Item Category: Item Description:	Services	<u>:</u>
	46/20/21	•
Quotation Number:	ZNQ:	
ITEM CATEGORY AND DETAILS	2020-00-12	·
Date Submitted	2020-08-12	ş::;
Place where goods / services is required	KWAMASHU CHC	
Division or section:	Central Supply Chain Management	
Department or Entity:	Department of Health	
Province:	KwaZulu-Natal	in in
INSTITUTION DETAILS	KwaMashu CHC	:Ÿ
-	11.00	
Closing Time:	202 0- 08-25 11:00	<u></u> .
Closing Date:		
Opening Date:	2020-08-14	
Oapsiment Hasth Hasth PROVINCE OF KNAZUR UHATAL	Quotation Advert	

KWAMASHUSHU CHC TENDER BOX

Name:

Email:

lindiwe.ngobese@kznhealth.gov.za

ON SITE MEETING

Contact Number:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

AdvertQuote - New Form

Finance Manager Name:

Finance Manager Signature:

0314058149

Mr S HLONGWANE

Doble.

No late quotes will be considered

Submit Save Save As... Close Print Preview

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