



Quotation Advert

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:


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:

035 450 8258

Finance Manager Name: Mr B.S Mbokazi

Finance Manager Signature: 

No late quotes will be considered

Submit | Save | Save As... | Close | Print Preview

Print this page

Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.
2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: webmaster@kznhealth.gov.za for uploading to the department website.
3. N.B if the scanned copy emailed to web Administration is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

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Contact the Web Administrator