






Opening Date: 2020-02-19 
Closing Date: 2020-02-28 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Itshelejuba hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required ITSHELEJUBA HOSPITAL
Date Submitted 2020-02-18 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
440/19/20/
Item Category: Select... 

Item Description:
SUPPLY AND DELIVERY OF,
=TUBE RYLES GASTRO/DUAL 14FG(GREEN BOX OF 50) X20 BOXS
=TUBE RYLES GASTRO/10FG(BLACK BOX OF 50) X20 BOXES
=TUBE RYLES GASTRO 18 FG(RED BOX OF 50) X20BOXES
=TUBE RYLES /DUAL 16 FG (ORANGE BOX OF 50) X20BOXES
=TUBE RYLES GASTRO/DUAL 12 FG(WHITE BOX OF 50) X20BOXES

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: ITSHELEJUBA HOSPITAL

QUOTES SHOULD BE DELIVERED TO: ITSHELEJUBA HOSPITAL

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MW SIKOSANA
Email: michael.sikosana@kznhealth.gov.za
Contact Number:

Finance Manager Name:

ANNE RO C

Finance Manager Signature:

No late quotes will be considered