





## Quotation Advert

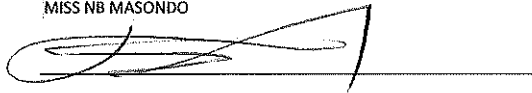
|   |   |   |
|---|---|---|
| <b>Opening Date:</b>                                      | 2020-02-14  |    |
| <b>Closing Date:</b>                                      | 2020-02-25  |    |
| <b>Closing Time:</b>                                      | 11:00   |   |
| <b>INSTITUTION DETAILS</b>                                |   |   |
| <b>Institution Name:</b>                                  | Hlabisa hospital  | <input checked="" type="checkbox"/>   |
| <b>Province:</b>  | KwaZulu-Natal   |   |
| <b>Department or Entity:</b>                              | Department of Health                                    |   |
| <b>Division or section:</b>                               | Central Supply Chain Management                         |   |
| <b>Place where goods / services is required</b>           | HLABISA HOSPITAL  |   |
| <b>Date Submitted</b>                                     | 2020-02-13  |    |
| <b>ITEM CATEGORY AND DETAILS</b>                          |   |   |
| <b>Quotation Number:</b>                                  | ZNQ:<br>504-19/20                                       |   |
| <b>Item Category:</b>                                     | Services  | <input checked="" type="checkbox"/>   |
| <b>Item Description:</b>                                  | REPOSITION OF OXYGEN GENERATOR                          |   |
| <b>Quantity (if supplies)</b>                             |   |   |
| <b>COMPULSORY BRIEFING SESSION / SITE VISIT</b>           |   |   |
| <b>Select Type:</b>                                       | Compulsory Site Visit                                   | <input checked="" type="checkbox"/>   |
| <b>Date :</b>   | 2020-02-19  |  |
| <b>Time:</b>  | 11:00   |   |
| <b>Venue:</b>   | NURSE'S HOME RECREATION HALL                            |   |
| <b>QUOTES CAN BE COLLECTED FROM:</b>                      | NURSES HOME RECREATION HALL                             |   |
| <b>QUOTES SHOULD BE DELIVERED TO:</b>                     | 60 SAUNNDERS STREET HLABISA HOSPITAL MAINGATE TENDERBOX |   |
| <b>ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:</b> |   |   |
| <b>Name:</b>  | MR AN SITHOLE   |   |
| <b>Email:</b>   | hlabisa.quotations@kznhealth.gov.za                     |   |
| <b>Contact Number:</b>                                    |   |   |

035 838 8780/8776/8625 OR OUR FAX NUMBER IS 035 838 1959

**Finance Manager Name:**

MISS NB MASONDO

**Finance Manager Signature:**



**No late quotes will be considered**