






## Quotation Advert

**Opening Date:** 2020-02-14   
**Closing Date:** 2020-02-25   
**Closing Time:** 11:00

### INSTITUTION DETAILS



**Institution Name:** Hlabisa hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** HLABISA HOSPITAL  
**Date Submitted** 2020-02-13 

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
517-19/20  
**Item Category:** Services   
**Item Description:** RE-WIRING & INSTALL CEILING OF HOUSE NO B105/01

**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Site Visit   
**Date :** 2020-02-19   
**Time:** 10:30  
**Venue:** NURSES'S HOME RECREATION HALL

**QUOTES CAN BE COLLECTED FROM:** NURSE'S HOME RECREATION HALL

**QUOTES SHOULD BE DELIVERED TO:** 60 SAUNDERS STREET HLABISA HOSPITAL MAINGATE TENDERBOX

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

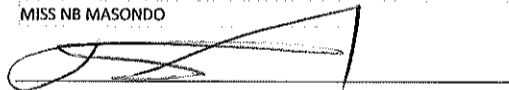
**Name:** MR AN SITHOLE  
**Email:** hlabisa.quotations@kznhealth.gov.za  
**Contact Number:**

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

**Finance Manager Name:**

MISS NB MASONDO

**Finance Manager Signature:**

A handwritten signature in black ink, appearing to read 'MISS NB MASONDO', is written over a horizontal line. The signature is stylized and somewhat cursive.

**No late quotes will be considered**