




**Opening Date:** 2020-01-20 

**Closing Date:** 2020-01-24 

**Closing Time:** 11:00

## INSTITUTION DETAILS


**Institution Name:** Hlengisizwe CHC 

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** HLENGISIZWE CHC

**Date Submitted** 2020-01-17 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ: 572/19/20

**Item Category:** Goods 

**Item Description:** PRINTING OF PATIENTS RECORDS

**Quantity (if supplies)** 5500 OF EACH

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable 

**Date :** 

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** HLENGISIZWE CHC

**QUOTES SHOULD BE DELIVERED TO:** HLENGISIZWE CHC

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** RAZACK

**Email:** Razack.Mohamed@kznhealth.gov.za

**Contact Number:**

031-7741038/1039

**Finance Manager Name:**

M.P.KHUMALO

**Finance Manager Signature:**

**No late quotes will be considered**