

## Quotation Advert

|   |   |
|---|---|
| Opening Date:   | <input type="text" value="2020-07-31"/>   |
| Closing Date:   | <input type="text" value="2020-08-13"/>   |
| Closing Time:   | <input type="text" value="11:00"/>  |
| <b>INSTITUTION DETAILS</b>                                |   |
| Institution Name:   | <input type="text" value="Nkonjeni hospital"/>  |
| Province:   | <input type="text" value="KwaZulu-Natal"/>  |
| Department or Entity:                                     | <input type="text" value="Department of Health"/>   |
| Division or section:                                      | <input type="text" value="Central Supply Chain Management"/>                                    |
| Place where goods / services is required                  | <input type="text" value="NKONJENI HOSPITAL (SCM)"/>  |
| Date Submitted  | <input type="text" value="2020-07-29"/>   |
| <b>ITEM CATEGORY AND DETAILS</b>                          |   |
| Quotation Number:   | <input type="text" value="ZNQ:&lt;br/&gt;203/20/21"/>   |
| Item Category:  | <input type="text" value="Services"/>   |
| Item Description:   | <input type="text" value="REQUEST FOR CLEANERS AT NHLUNGWANE CLINIC FOR A PERIOD OF 6 MONTHS"/> |
| Quantity (if supplies)                                    | <input type="text" value="02"/>   |
| <b>COMPULSORY BRIEFING SESSION / SITE VISIT</b>           |   |
| Select Type:  | <input type="text" value="Both"/>   |
| Date :  | <input type="text" value="2020-08-06"/>   |
| Time:   | <input type="text" value="11:00"/>  |
| Venue:  | <input type="text" value="NKONJENI HOSPITAL (CHAPEL)"/>   |
| QUOTES CAN BE COLLECTED FROM:                             | <input type="text" value="THE SITE BRIEFING"/>  |
| QUOTES SHOULD BE DELIVERED TO:                            | <input type="text" value="NKONJENI HOSPITAL, TENDER BOX SITUATED AT SECURITY MAIN GATE"/>       |
| <b>ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:</b> |   |
| Name:   | <input type="text" value="Miss P.T.DLAMINI"/>   |
| Email:  | <input type="text" value="N/A"/>  |
| Contact Number:   | <input type="text" value="035 873 0013"/>   |
| Finance Manager Name:                                     | <input type="text" value="Ms G.N Ngcobo"/>  |
| Finance Manager Signature:                                |              |

No late quotes will be considered