| Department' Health PROVINCE OF KWAZULU-NATAL | Quotation Advert   | 990 1999                                 |
|--|--|--|
| Opening Date:                                | 2020-07-23   | - Committee                              |
| Closing Date:                                | 2020-08-03   | Te                                       |
| Closing Time:                                | 11:00  | 2  |
| INSTITUTION DETAILS                          |  |  |
| Institution Name:                            | Provincial Pharmaceutical Supply Depot   |  |
| Province:                                    | KwaZulu-Natal  |  |
| Department or Entity:                        | Department of Health   |  |
| Division or section:                         | Central Supply Chain Management  |  |
| Place where goods / services is required     | PROVINCIAL PHARMACEUICAL SUPPLY DEPOT  | 27 10 10                                 |
| Date Submitted                               | 2020-07-23   |  |
| ITEM CATEGORY AND DETAILS                    | 2020-01-23   |  |
| Quotation Number:                            | ZNQ:   |  |
|  | 60/2020  |  |
| Item Category:                               | Goods  | ₩.                                       |
| Item Description:                            | COOLER BOXES 41- 50L   | la l |
|  | SAMPLE ARE REQUIRED FOR THIS ITEM  |  |
| Quantity (if supplies)                       | 1800   |  |
| COMPULSORY BRIEFING SESSION                  | / SITE VISIT   |  |
| Select Type:                                 | Not Applicable   |  |
| Date :                                       | the second secon |  |
| Time:  |  | 100                                      |
| Venue:                                       | * *************************************  |  |
|  |  |  |
| QUOTES CAN BE COLLECTED FROM:                | SECURITY CHECK POINT AT PPSD   |  |
| QUOTES SHOULD BE DELIVERED TO:               | SECURITY CHECK POINT AT PPSD   |  |
| ENQUIRIES REGARDING THE ADVER                | RT MAY BE DIRECTED TO:   |  |
| Name:  | Nomithesi Khanyile   |  |
| Email:                                       | omkhosi.khanyile@kznhealth.gov.za  |  |
| Contact Number:                              | 031449 8367  |  |
| Finance Manager Name:                        | Mr S Nacker  |  |
| <b>5</b>                                     | Control  |  |
| Finance Manager Signature:                   | - Curry  |  |
| No late quotes will be considered            |  |  |