| he aith Ceparinest* Health PROVINCE OF KNAZULU-NATAL | Quotation Advert | |
|------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------|
| Opening Date: | 2020-07-01 | |
| Closing Date: | 2020-07-09 | · |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Charles Johnson Memorial hospital | V |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | CHARLES JOHNSON MEMORIAL HOSPITAL | |
| Date Submitted | 2020-06-30 | jestig |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: 0060/2020-21 | |
| lteπι Category: | Goods | ~ |
| item Description: | SUPPLY AND INSTALL HAND PAPER TOWEL DISPENSER AT MANXILI CLINIC ANO NERVE CENTRE | Tamas d |
| Quantity (if supplies) | 25 | |
| COMPULSORY BRIEFING SESSION | | |
| Select Type: | Not Applicable | (,T) |
| Pate: | · · · · · · · · · · · · · · · · · · · | M |
| ime: | | 11.12 11.22 11.22 |

Venue:

QUOTES CAN BE COLLECTED FROM:

CHARLES JOHNSON MEMORIAL HOSPITAL SCM

QUOTES SHOULD BE DELIVERED TO:

CHARLES JOHNSON MEMORIAL HOSPITAL TENDER BOX NEXT TO

- 12 774

OPD GATE AT LOT 92 HLUBI STREET NQUTU 3135

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

B. MABASO

Email:

vusumuzi.mabaso@kznhealth.gov.za

Contact Number:

034 - 271 6447

Finance Manager Name:

E.M. MAHLINZ,

Finance Manager Signature: