

Finance Manager Signature:

Quotation Advert

LINGS OF PROPERTY.			
Opening Date:	2020-06-03		20
Closing Date:	2020-06-10		
Closing Time:	11:00		
INSTITUTION DETAILS			
Institution Name:	Ngwelezane hospital		$\overline{\vee}$
Province:	KwaZulu-Natal		
Department or Entity:	Department of Health		
Division or section:	Central Supply Chain Management		
Place where goods / services is required	Ngwelezane hospilal		
Date Submitted	2020-06-02		
ITEM CATEGORY AND DETAILS			
Quotation Number:	ZNQ: A65/19-20		
Item Category:	Goods		\vee
Item Description:	SET DIAL A FLOW		
			E . W. C. C.
Quantity (if supplies)	3000 UNITS		1
COMPULSORY BRIEFING SESSION	SITE VISIT		
Select Type:	Not Applicable		abla
Date :			
Time:			
Venue:			*
QUOTES CAN BE COLLECTED FROM:	NGWELEZANA HOSPITAL SCM DEPARTMENT		
QUOTES SHOULD BE DELIVERED TO:	NGWELEZANA HOSPITAL SCM TENDER BOX NI	EXT TO OPD	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	maken i	
Name:	R.T. GUMEDE/N.S. MNGOMEZULU		
Email:	tho akele.mkhumbuzi@kznhealth.gov.za		
Contact Number:	035 101 7180		
Finance Manager Name:	MR TX NXUMALO		