








Quotation Advert

Opening Date: 
Closing Date: 
Closing Time: 11:00



INSTITUTION DETAILS

Institution Name: 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required:
Date Submitted: 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 
Item Category: 
Item Description: 
Quantity (if supplies):

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: 
Date: 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:
Email:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MRS N.P ZUMA / MISS P ADONIS

Email: philicia.adonis@yahoo.com

Contact Number: 0733998274/ 0781860937

Finance Manager Name: MISS P ADONIS

Finance Manager Signature:  31/4/20

No late quotes will be considered