


Opening Date: 2020-03-16 

Closing Date: 2020-03-20 

Closing Time: 11:00

### INSTITUTION DETAILS


Institution Name: Umphumulo hospital 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required: UMPHUMULO HOSPITAL

Date Submitted: 2020-03-16 

### ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ:  
370/19/20


Item Category: Services 

Item Description: SERVICE OF OXYGEN BANK AT MBHEKAPHANSI CLINIC

Quantity (if supplies) 01 UNIT

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Both 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: UMPHUMULO HOSPITAL (STORES)

QUOTES SHOULD BE DELIVERED TO: R74 GREYTOWN ROAD MAPHUMULO 4470 (SECURITY MAIN GATE)

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: SIBONELO SITHOLE





Email: SIBONELO.SITHOLE@KZNHEALTH.GOV.ZA

Contact Number: 032 481 4181

Finance Manager Name: NM SELEPE

Finance Manager Signature: \_\_\_\_\_

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### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 367/19/20

Item Category: Services

Item Description: INFRA RED TESTING OF DISTRIBUTION BOARDS SPECIFICATION ATTACHED

Quantity (if supplies) 46

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Both

Date:

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Date Submitted: 2020-03-16

#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
C629/19/20

Item Category: Goods

Item Description: CARRIER CARD OUT PATIENTS 100PKTS OF 250 UNITS

Quantity (if supplies): 100 PKTS

#### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Both

Date:

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Venue:

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**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** UMPHUMULO HOSPITAL

**Date Submitted** 2020-03-16

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ: 368/19/20

**Item Category:** Services

**Item Description:** SERVICE OF CLINIC AIR CONDITIONERS

**Quantity (if supplies)** 25

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Both

**Date :**

**Time:**

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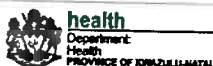
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### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 160/19/20

Item Category: Goods

Item Description: BURNS GAUZE 225 X 225 X 16PLY NON STERILE

Quantity (if supplies): 10 BOXES

### COMPULSORY BRIEFING SESSION / SITE VISIT

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Date:

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#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 123/19/20

Item Category: Goods

Item Description: GAUZE SWAB 500 POUCHES IN A BOX 100 X 100 X 8PLY

Quantity (if supplies): 60 BOXES

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


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