



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:

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: Miss. T.P. Dlamini

Email: thabile.dlamini@kznhealth.gov.za,nolusizo.myoli@kznhealth.gov.za

Contact Number: 039 834 8290/50

Finance Manager Name: Miss N.G Phakathi

Finance Manager Signature: _____

No late quotes will be considered