

## **Quotation Advert**

| Opening Date:                            | 2020-05-07   |   |
|--|--|---|
| Closing Date:                            | 2020-05-15   |   |
| Closing Time:                            | 11:00  |   |
| INSTITUTION DETAILS                      |  |   |
| Institution Name:                        | Ladysmith hospital   |   |
| Province:                                | KwaZulu-Natal  |   |
| Department or Entity:                    | Department of Health   |   |
| Division or section:                     | Central Supply Chain Management  |   |
| Place where goods / services is required | LADYSMITH REGIONAL HOSPITAL  |   |
| Date Submitted                           | 2020-05-06   |   |
| ITEM CATEGORY AND DETAILS                | \$ 1.00 (1.00)   |   |
| Quotation Number:                        | ZNQ:   |   |
|  | 109 / 20 / 21  |   |
| Item Category:                           | Goods  |   |
| Item Description:                        | SUPPLY AND DELIVER SCRUBS TOP AND PANTS  | 1 |
|  | ALTERNATION AND ALTERNATION AN |   |
|  |  |   |
| Quantity (If supplies)                   | 150  | 1 |
| COMPULSORY BRIEFING SESSION / SITE VISIT |  |   |
| Select Type:                             | Not Applicable   | - |
| Date :                                   |  | 1 |
| Time:                                    |  | 1 |
| Venue:                                   | pata ya masa na kana na masa n   |   |
|  | 1888 maleuman (1881-1888) Sendra arterioris 1887 a rationa marco 1888 a mortum annihari materioris (1888) a coma anni  |   |
| QUOTES CAN BE COLLECTED FROM:            | LADYSMITH HOSPITAL SCM RECIEVING   |   |
| QUOTES SHOULD BE DELIVERED TO:           | 36 MALCOLM ROAD, HOSPITAL PARK, LADYSMITH HOSPITAL MAIN GATE   |   |
| ENQUIRIES REGARDING THE ADVE             | RT MAY BE DIRECTED TO:   |   |
| Name:                                    | S.A. ZWANE   | î |
| Email:                                   | Slbusiso, Zwane@kznhealth.gov.za   | 1 |
| Contact Number:                          | 036 638 0097   | 1 |
| Finance Manager Name:                    | Ms X.L. NTULI  | 1 |
| Finance Manager Signature:               |  | • |
| No late quotes will be considered        |  |   |