| health Department: Health PROVINCE OF KWAZULU-NATAL | Quotation Advert  |
|---|---|
| Opening Date:                                       | 2020-05-25  |
| Closing Date:                                       | 2020-05-29  |
| Closing Time:                                       | 11:00   |
| INSTITUTION DETAILS                                 |   |
| Institution Name:                                   | Northdale hospital  |
| Province:   | KwaZulu-Natal   |
| Department or Entity:                               | Department of Health  |
| Division or section:                                | Central Supply Chain Management   |
| Place where goods / services is required            | MAIN THEATRE  |
| Date Submitted                                      | 2020-05-22  |
| ITEM CATEGORY AND DETAILS                           |   |
| Quotation Number:                                   | ZNQ:<br>{160 / 20-21  |
| Item Category:                                      | Goods   |
| Item Description:                                   | ANAESTHETIC BREATHING SYSTEM 0.5L BAG MAPLESON F AYRES T PIECE                  |
|   |   |
| Quantity (if supplies)                              | 100 UNITS   |
| COMPULSORY BRIEFING SESSION                         | N / SITE VISIT  |
| Select Type:  | Select  |
| Date :  |   |
| Time:   |   |
| Venue:  |   |
| QUOTES CAN BE COLLECTED FROM:                       | 1389 CHOTA MOTALA ROAD, SUPPLY CHAIN, NORTHDALE HOSPITAL, PIETERMARITZBURG 3201 |
| QUOTES SHOULD BE DELIVERED TO:                      | 1389 CHOTA MOTALA ROAD, SUPPLY CHAIN, NORTHDALE HOSPITAL, PIETERMARITZBURG 3201 |
| ENQUIRIES REGARDING THE ADV                         | ERT MAY BE DIRECTED TO:   |
| Name:   | MR. KEVIN NAICKER   |
| Email:  | kevin.naicker2@kznhealth.gov.za   |
| Contact Number:                                     | 033:3879050   |
| Finance Manager Name:                               | MRS. LC NAIDOO  |

Finance Manager Signature:

No late quotes will be considered