




Opening Date: 2020-05-06 
Closing Date: 2020-05-13 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Pomeroy CHC
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: POMEROY CHC
Date Submitted: 2020-05-05 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
20/20/21
Item Category: Goods
Item Description: SUPPLY AND DELIVER 4 DRAWER FILLING CABINET X17

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: POMEROY CHC SCM

QUOTES SHOULD BE DELIVERED TO: QUOTATION MUST BE DEPOSITED IN THE TENDER BOX(NEXT TO SECURITY ROOM) WHICH IS ACCESSIBLE 24 HOURS

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: THEMBELIHLE
Email: Thembelihle.Mntungwa@kznhealth.gov.za
Contact Number: 034 662 3349
Finance Manager Name: Mr S.L Majози
Finance Manager Signature: 

No late quotes will be considered