

Opening Date:

Closing Date:

Closing Time:

Email:

Contact Number:

Quotation Advert

2020-05-11

2020-05-25 11:00

INSTITUTED FOR DETAILS		
Institution Name:	Turton CHC	. .
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Turton CHC	
Date Submitted	2020-05-08	"
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 22/2021	
Item Category:	Services	
Item Description:	Infrared testing/Servicing to electrical distribution boxes	
Quantity (if supplies) COMPULSORY PRIEFING SESSION / SITE VISIT Select Type: Select		
Select Type:	Select	>
Date:	de MY (Ple	production of the control of the con
Time:		
Venue:	" The second of the	
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:		
ENGUNRES DECARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	NKOSINATHI HLOPHE	

nkosinathi.hlophe@kznhealth.gov.za

Finance Manager Name:

Finance Manager Signature:

N. Baai

039 972 8254

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