



Quotation Advert

Opening Date:

Closing Date:

Closing Time:

INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required

Date Submitted

ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:
 MOTEL & PISTOL X 03 UNITS
 NEEDLE HOLDER X 10 UNITS
 GALLIPOT STAINLESS STEEL (60 ML) X 20 UNITS
 MAGILL FORCEETS ADULT X 02 UNITS
 MAGILL FORCEPTS PAEDS X 02 UNITS
 BASIC DISPOSABLE DRESSING PACK 3 BOXES (SPEC ATTACHED)
 URINE STAND X 02 UNITS
 RESCUE SCISSOR HEAVY DUTY X 04 UNITS
 ANAPHYLATIC SHOCK BOX HEAVY DUTY POLYPROPYLENE
 (SIZE 300 L X 200 W X 18 H) X 04

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ITSHELEJUBA HOSPITAL

ITSHELEJUBA HOSPITAL AT SCM

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

BONISILE

Email:

michael.sikosana@kznhealth.gov.za

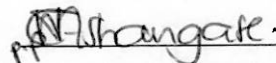
Contact Number:

034 413 4052

Finance Manager Name:

S.C NTSHANGASE

Finance Manager Signature:



No late quotes will be considered