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	health Department: Health PROVINCE OF KWAZULU-NATAL

Name:

Quotation Advert

Closing Date: Closing Time: Institution Name: Itshelejuba hospital Province: Department or Entity: Department or section: Place where goods / services is required Date Submitted ITEM CATEGORY AND DETAILS Quotation Number: ZNO: 054/20/21 Item Category: Goods SUPPLY AND DELIVERY OF TRAUMA BEDS WITH SIDE RAILS X 2 UNITS (SPEC ATTACHED)
Closing Time: INSTITUTION DETAILS Institution Name: Itshelejuba hospital Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required Date Submitted ITEM CATEGORY AND DETAILS Quotation Number: ZNO: 054/20/21 Item Category: Goods ITEM Category: Item Description: SUPPLY AND DELIVERY OF TRAUMA BEDS WITH SIDE RAILS X 2 UNITS
INSTITUTION DETAILS Institution Name: Itshelejuba hospital Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required ALONG N2 ROAD BETWEEN PONGOLA & PIET RETIEF TOW Date Submitted 2020-06-03 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: 054/20/21 Item Category: Goods Item Description: SUPPLY AND DELIVERY OF TRAUMA BEDS WITH SIDE RAILS X 2 UNITS
Itshelejuba hospital Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required Date Submitted 2020-06-03 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: 054/20/21 Item Category: Goods ITEM Category: Goods Item Description: SUPPLY AND DELIVERY OF TRAUMA BEDS WITH SIDE RAILS X 2 UNITS
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Item Description: SUPPLY AND DELIVERY OF TRAUMA BEDS WITH SIDE RAILS X 2 UNITS
Quantity (if supplies)
COMPULSORY BRIEFING SESSION / SITE VISIT
Select Type: Not Applicable
Date :
Time:
Venue:
QUOTES CAN BE COLLECTED FROM: ITSHELEJUBA HOSPITAL

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Supply Chain Management - AdvertQuote

Email: michael.sikosana@kznhealth.gov.za

Contact Number: 034 413 4052

Finance Manager Name: S.C NTSHANGASE

Finance Manager Signature:

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