



Quotation Advert

Opening Date:

Closing Date:

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name:

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: ZNQ:

Item Category:

Item Description:

MAJOR AND MINOR SERVICE TO KITCHEN EQUIPMENT
 SEPERATE AMOUNTS SHOULD APPEAR
 (SPEC ATTACHED)

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

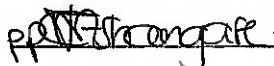
Contact Number:

034 413 4000

Finance Manager Name:

S.C NTSHANGASE

Finance Manager Signature:



No late quotes will be considered

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