






Quotation Advert

Opening Date: 2020-05-12 
Closing Date: 2020-05-19 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: EG & Usher Memorial hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: EG & Usher Memorial Hospital
Date Submitted: 2020-05-12 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
EG 11/20/21
Item Category: Goods 
Item Description:
1. X-RAY REQUEST FORMS BOX OF 10

Quantity (if supplies) 15 BOX

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: EG & USHER MEMORIAL HOSPITAL

QUOTES SHOULD BE DELIVERED TO: EG & USHER MEMORIAL HOSPITAL TEENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MIYA NOMVULA
Email: Nomvula.Miya@kznhealth.gov.za/egusherhospital@gmail.com
Contact Number: 039 797 8145
Finance Manager Name: Ms N Mbana

Finance Manager Signature: 

No late quotes will be considered