



Quotation Advert

Opening Date: **TPM 2020-10-22 2020-10-27**

Closing Date: **2020-11-03**

Closing Time: **11:00**

INSTITUTION DETAILS

Institution Name: **KwaMagwaza hospital**

Province: **KwaZulu-Natal**

Department or Entity: **Department of Health**

Division or section: **Central Supply Chain Management**

Place where goods / services is required: **gateway clinic**

Date Submitted: **2020-10-21**

ITEM CATEGORY AND DETAILS

Quotation Number: **ZNQ: SMKX 180-20-21**

Item Category: **Services**

Item Description: **Installation of new hand wash basin**

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: **Compulsory Briefing Session**

Date: **TPM 2020-10-28 2020-10-30**

Time: **10h00**

Venue: **kwamagwaza hospital**

QUOTES CAN BE COLLECTED FROM:

on site

QUOTES SHOULD BE DELIVERED TO:

kwamagwaza hospital box at main gate guard room

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: **Mr Thamsanqa Masango**

Email: **thamsanqa.masango@kznhealth.gov.za**

Contact Number: **035 450 8248**

Finance Manager Name: **Mr B S Mbokazi**

Finance Manager Signature: