



KZN Health Intranet

KZN HEALTH

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KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date:	<input type="text" value="2020-10-20"/>
Closing Date:	<input type="text" value="2020-10-30"/>
Closing Time:	<input type="text" value="11:00"/>

INSTITUTION DETAILS

Institution Name:	<input type="text" value="Ladysmith hospital"/>
Province:	<input type="text" value="KwaZulu-Natal"/>
Department or Entity:	<input type="text" value="Department of Health"/>
Division or section:	<input type="text" value="Central Supply Chain Management"/>
Place where goods / services is required	<input type="text" value="LADYSMITH REGIONAL HOSPITAL"/>
Date Submitted	<input type="text" value="2020-10-19"/>

ITEM CATEGORY AND DETAILS

Quotation Number:	<input type="text" value="ZNQ: 1423 / 20 / 21"/>
Item Category:	<input type="text" value="Goods"/>
Item Description:	<input type="text" value="SUPPLY AND DELIVER HAST ADULT CLINICAL CHART"/>

Quantity (if supplies)	<input type="text" value="5000"/>
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COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	<input type="text" value="Compulsory Briefing Session"/>
Date :	<input type="text" value="2020-10-26"/>
Time:	<input type="text" value="12:00PM"/>
Venue:	<input type="text" value="LADYSMITH HOSPITAL SCM"/>

QUOTES CAN BE COLLECTED FROM:	<input type="text" value="WILL ONLY BE ISSUED ON SITE BRIEFING"/>
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QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="EMAIL / TENDER BOX NEXT TO SECURITY MAIN ENTRANCE"/>
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ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	<input type="text" value="S.A. ZWANE"/>
Email:	<input type="text" value="ladysmith.quotation@kznhealth.gov.za"/>
Contact Number:	<input type="text" value="036 - 638 0097"/>
Finance Manager Name:	<input type="text" value="X.L. NTULI"/>

Finance Manager Signature: