



Quotation Advert

Opening Date:
Closing Date:
Closing Time:

INSTITUTION DETAILS

Institution Name:
Province:
Department or Entity:
Division or section:
Place where goods / services is required
Date Submitted

ITEM CATEGORY AND DETAILS

Quotation Number:
Item Category:
Item Description:

CADGE
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: P.V. HLATSHWAYO
Email: petros.hlatshwayo@kznhealth.gov.za
Contact Number: 0355920150 EXT 212
Finance Manager Name: C.NHLEKO

Finance Manager Signature: _____

No late quotes will be considered