

Quotation Advert

Opening Date:	<input type="text" value="2020-10-01"/>
Closing Date:	<input type="text" value="2020-10-12"/>
Closing Time:	<input type="text" value="11:00"/>
INSTITUTION DETAILS	
Institution Name:	<input type="text" value="Nkonjeni 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="NKONJENI HOSPITAL SCM"/>
Date Submitted	<input type="text" value="2020-09-29"/>
ITEM CATEGORY AND DETAILS	
Quotation Number:	<input type="text" value="ZNQ: 342/20/21"/>
Item Category:	<input type="text" value="Services"/>
Item Description:	<input type="text" value="SUPPLY AND INSTALL HOSPITAL BUCKET OF SERVICES SIGNAGE - AT MAIN GATE"/>
Quantity (if supplies)	<input type="text" value="01"/>
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	<input type="text" value="Both"/>
Date :	<input type="text" value="2020-10-05"/>
Time:	<input type="text" value="11:00"/>
Venue:	<input type="text" value="NKONJENI HOSPITAL (DINNING HALL)"/>
QUOTES CAN BE COLLECTED FROM:	<input type="text" value="DOCUMENTS WILL BE AVAILABLE ON SITE BRIEFING"/>
QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="NKONJENI HOSPITAL, TENDER BOX SITUATE AT MAINGATE SECURITY"/>
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	
Name:	<input type="text" value="Miss P.T. Dlamini"/>
Email:	<input type="text" value="N/A"/>
Contact Number:	<input type="text" value="035 873 0013"/>
Finance Manager Name:	<input type="text" value="Miss G.N. Ngcobo"/>
Finance Manager Signature:	

No late quotes will be considered