


Quotation Advert

Opening Date:	<input type="text" value="2020-09-29"/>
Closing Date:	<input type="text" value="2020-10-06"/>
Closing Time:	<input type="text" value="11:00"/>
INSTITUTION DETAILS	
Institution Name:	<input type="text" value="Ekuhlengeni psychiatric 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="EKUHLENGANI PSYCHIATRIC HOSPITAL"/>
Date Submitted	<input type="text" value="2020-09-28"/>
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: <input type="text" value="117/2020/21"/>
Item Category:	<input type="text" value="Goods"/>
Item Description:	<input type="text" value="25LT INDUSTRIAL PERACETIC LAUNDRY DETERGENT"/>
Quantity (if supplies)	<input type="text" value="100"/>
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	<input type="text" value="Not Applicable"/>
Date :	<input type="text"/>
Time:	<input type="text"/>
Venue:	<input type="text"/>
QUOTES CAN BE COLLECTED FROM:	<input type="text" value="MAIN SECURITY GATE"/>
QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="DROPPED @ OUR TENDER BOX - NO EMAILED QUOTES"/>
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	
Name:	<input type="text" value="N.E NGIDI"/>
Email:	<input type="text" value="faith.maphumulo@kznhealth.gov.za"/>
Contact Number:	<input type="text" value="031 - 905 4776/8"/>
Finance Manager Name:	<input type="text" value="Mrs.J Reddy"/>
Finance Manager Signature:	

No late quotes will be considered