health Department: Health PROVINCE OF KWAZULUHATAL	Quotation Advert
Opening Date:	2020-09-17
Closing Date:	2020-10-02
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Gamalakhe CHC
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Gamalakhe CHC
Date Submitted	2020-09-15
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: GCHC 120/2021
Item Category:	Goods
Item Description:	SUPPLY AND INSTALL FLUE TENT FOR GAMALAKHE CHC
	REQUIREMENTS: CIOB REGISTRATION SL1, EB1
Quantity (if supplies)	
COMPULSORY BRIEFING SESSION	N / SITE VISIT
Select Type:	Compulsory Site Visit
Date:	2020-09-23
Time:	10h00
Venue:	GAMALAKHE CHC
QUOTES CAN BE COLLECTED FROM:	ON SITE MEETING DATE
QUOTES SHOULD BE DELIVERED TO:	TENDER BOX- OFF RAY NKONYENI ROAD CORNER MICHEAL NSIMBI & REV
ENQUIRIES REGARDING THE ADV	ERT MAY BE DIRECTED TO:
Name:	Mr P Ngubo
Email:	philani.ngubo@kznhealth.gov.za
Contact Number:	039 318 1113
Finance Manager Name:	Mrs. BP Mthembu
Finance Manager Signature:	o late quotes will be considered