






Opening Date: 2020-09-16 
Closing Date: 2020-09-28 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: Doris Goodwin hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: Doris Goodwin Hospital
Date Submitted: 2020-09-14 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 126/09/2020
Item Category: Goods 
Item Description: DISHWASHER HOOD TYPE

Quantity (if supplies): 01

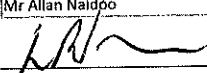
COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit 
Date: 2020-09-21 
Time: 11:00
Venue: DORIS GOODWIN HOSPITAL

QUOTES CAN BE COLLECTED FROM: DORIS GOODWIN HOSPITAL ON SITE MEETING DAY

QUOTES SHOULD BE DELIVERED TO: DORIS GOODWIN HOSPITAL TEBDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: SN MCHUNU
Email: sithembele.mchunu@kznhealth.gov.za
Contact Number: 033 398 1038
Finance Manager Name: Mr Allan Naidoo
Finance Manager Signature: 

No late quotes will be considered