

Quotation Advert

Opening Date:
Closing Date:
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name:
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required
Date Submitted

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
Item Category:
Item Description:
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:
Email:
Contact Number:

031-9069495





Finance Manager Name:

MRS NEL

Finance Manager Signature:



No late quotes will be considered

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