



KZN Health &gt; Components &gt; Supply Chain Management

AdvertQuote



## Quotation Advert

Opening Date:

Closing Date:

Closing Time:

### INSTITUTION DETAILS

Institution Name:  ▾

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date Submitted:

### ITEM CATEGORY AND DETAILS

Quotation Number:

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:

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered