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Mkhize Zoe - ?



KZN Health Intranet

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AdvertQuote

KWAZULU-NATAL PROVINCE HEALTH REPUBLIC OF SOUTH AFRICA Opening Date: Closing Date: Closing Time: INSTITUTION DETAILS Institution Name: Province: Department or Entity: Division or section: Place where goods / services is required	Quotation Advert 2021-12-10 2021-12-17 11:00 Select ST CHAOS CHC KwaZulu-Natal Department of Health
Closing Date: Closing Time: INSTITUTION DETAILS Institution Name: Province: Department or Entity: Division or section:	2021-12-10 2021-12-17 11:00 Select ST CHAOS CHC KwaZulu-Natal
Closing Time: INSTITUTION DETAILS Institution Name: Province: Department or Entity: Division or section:	11:00 Select ST CHADS CHC KwaZulu-Natal
INSTITUTION DETAILS Institution Name: Province: Department or Entity: Division or section:	Select ST CHAOS CHC KwaZulu-Natal
Institution Name: Province: Department or Entity: Division or section:	KwaZulu-Natal
Institution Name: Province: Department or Entity: Division or section:	KwaZulu-Natal
Department or Entity: Division or section:	KwaZulu-Natal
Division or section:	Department of Health
Place where goods / services is required	Central Supply Chain Management
	SAHLUMBE CLINIC
Date Submitted	2021-12-10
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: STC/327B/21-22
Item Category:	Select
Item Description:	TINTING OF WINDOWS AT SAHLUMBE CLINIC GUARDROOM
Quantity (if supplies)	
	DITE MOIT
COMPULSORY BRIEFING SESSION / S Select Type:	
Date:	select COMPULSORY SITE MEETING
	2021-12-14
Time:	10:00AM
Venue:	SAHLUMBE CLINIC
QUOTES CAN BE COLLECTED FROM:	DOCUMENTS WILL BE ISSUED ON SITE BRIEFING.
QUOTES SHOULD BE DELIVERED TO:	ST CHADS CHC IN THE TENDER BOX NEXT TO THE SECURITY MAIN GATE.
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:
Name:	MR SN MALNGA
Email:	zoe.mkhize@kzhealth.gov.za
Contact Number:	036 637 9600
Finance Manager Name:	Miss LP ZONDI
Finance Manager Signature:	ate quotes will be considered