



KZN HEALTH

KZN Health Intranet

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KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date:	<input type="text" value="2021-12-01"/>	
Closing Date:	<input type="text" value="2021-12-08"/>	
Closing Time:	<input type="text" value="11:00"/>	

INSTITUTION DETAILS

Institution Name:	<input type="text" value="Ekuhlengeni psychiatric hospital"/>	
Province:	<input type="text" value="KwaZulu-Natal"/>	
Department or Entity:	<input type="text" value="Department of Health"/>	
Division or section:	<input type="text" value="Central Supply Chain Management"/>	
Place where goods / services is required	<input type="text" value="EKUHLGENI PSYCHIATRIC HOSPITAL"/>	
Date Submitted	<input type="text" value="2021-11-30"/>	

ITEM CATEGORY AND DETAILS

Quotation Number:	<input type="text" value="ZNQ: ZNQEPH108/2021/22"/>	
Item Category:	<input type="text" value="Services"/>	
Item Description:	<input type="text" value="INFRARED THERMOGRAPHY TESTING TO ALL DISTRIBUTION BOARDS"/>	
Quantity (if supplies)	<input type="text" value="1 UNITS"/>	

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	<input type="text" value="Compulsory Site Visit"/>	
Date :	<input type="text" value="2021-12-03"/>	
Time:	<input type="text" value="11h30am"/>	
Venue:	<input type="text" value="SCM DEPARTMENT"/>	

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	<input type="text" value="Ms. NE NGIDI"/>
Email:	<input type="text" value="faith.maphumulo@kznhealth.gov.za"/>
Contact Number:	<input type="text" value="031 - 905 4775/6"/>
Finance Manager Name:	<input type="text" value="Mrs J Reddy"/>

Finance Manager Signature:

No late quotes will be considered