



KZN Health > Components > 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:

D Jogih

Finance Manager Signature:



No late quotes will be considered

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