

SharePoint

Thwala Nkosikhona ▾ ?



KZN Health Intranet

KZN HEALTH

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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:

Mr. NR Mtshali

Finance Manager Signature:



No late quotes will be considered

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