



KZN HEALTH **KZN Health Intranet**

Search this site

- HOME
- CORPORATE INFORMATION
- COMPONENTS
- DIRECTORY
- DISTRICT OFFICES
- HEALTH FACILITIES

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:   Compulsory Site Visit

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:

7

Finance Manager Signature:

No late quotes will be considered