



KZN HEALTH

## KZN Health Intranet

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:**

**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:**

**Finance Manager Signature:**

No late quotes will be considered