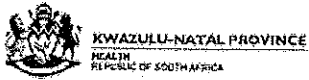


HLENGISIZWE CHC
Unit 6 Sibisi Road
HAMMARSDALE 3699

SharePoint

Dlamini Musawenkosi ?



KZN Health Intranet

KZN HEALTH

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KZN Health > Components > Supply Chain Management

AdvertQuote



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

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:

M. P. K...

Finance Manager Signature:

No late quotes will be considered

010/23/24



Requisition Form for Non-Stock Items (NSI)
Province of KwaZulu Natal - Department of Health

NSI Requisition Number
7
38123126

REQUESTING INSTITUTION COST CENTRE NAME: MSUNDUZI BRIDGE CLINIC

Please note that it is the responsibility of the Requisitioner to confirm the availability of funds, obtain the necessary financial approvals, and then send the approved requisition to the responsible SCM practitioner.

Requisitioner		Delivery Address		Confirmation of Funds	
Requestor Name & Surname:	MR BRIAN DUMA	Street:	NO.9 MAGAYISA ROAD	Name & Surname:	M P Khumalo
Requestor Signature & Date:	 15/05/2023	City:	CATO RIDGE	Designation:	AD: Finance
Supervisor Name & Surname:	MR P.K. PADAYACHEE	Building:	MAIN ENTRANCE	Signature:	
Supervisor Signature & Date:	 15/05/2023	Floor & Room No.:		Date:	15/05/2023

Enquiries:		
MR P.K.PADAYACHEE	317,740,080	sagie.padayachee@kznhealth.gov.za
Name & Surname	Telephone Number	Email Address

SCOA Allocation Codes and available budget must be the same as the BAS / Vuindlela Expenditure Control Commitments Report

Finance: Allocation of Expenditure		Financial Authority by Delegated Official	
Funds	VOTED	Name & Surname:	e.t. Ngubane
Responsibility	MSUNDUZI BRIDGE CLINIC	Designation:	Acting CEO
Objective	CLINICS MAINTENANCE (POST)	Signature:	
Project	MAINTENANCE B	Date:	15/05/2023
Item	PIP: CONTRACTED MAIN PROP		
Net Asset	CLINICS & COMMUNITY HEALTH CENTRES		
Regional Identifier	K2000 ETHERWINDI		
Infrastructure	EX INFRA : MAINT & REP: BUILDINGS		

Total Budget Allocation for Item for the Financial Year	R 52000.00
Minus Expenditure	-
Minus Commitments	-
Budget Available	R 52000.00

Funds Committed for this NSI R

One case per NSI (all items requested should belong to the same category/ SCOA code)

Catalogue/ICN No.	Full Description of Item / Service / Repair	Unit of Measure	Quantity requested	Estimated Cost
	RELOCATE 6 METER CONTAINER FROM INANDA A CHC TO MSUNDUZI BRIDGE CLINIC	EACH	1	
	23/05/2023 Site meeting Inanda A CHC 12HOC			