



AdvertQuote



Quotation Advert

Opening Date:	<input type="text" value="2021-04-29"/>
Closing Date:	<input type="text" value="2021-05-14"/>
Closing Time:	<input type="text" value="11:00"/>
INSTITUTION DETAILS	
Institution Name:	<input type="text" value="KwaDabeka CHC"/>
Province:	<input type="text" value="KwaZulu-Natal"/>
Department or Entity:	<input type="text" value="Department of Health"/>
Division or section:	<input type="text" value="Central Supply Chain Management"/>
Place where goods / services is required	<input type="text" value="KwaDabeka CHC"/>
Date Submitted	<input type="text" value="2021-04-28"/>
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: <input type="text" value="48/21"/>
Item Category:	<input type="text" value="Services"/>
Item Description:	<input type="text" value="Supply and Fit Emergency Evacuation Floor Plans in all Strategic areas / notice board(KwaDabeka CHC & 7 Satellite Clinics) laminated and secured in frames
Only companies specializing in above mentioned field must be present on the Site Briefing Session."/>
Quantity (if supplies)	<input type="text" value="43 UNITS"/>
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	<input type="text" value="Compulsory Briefing Session"/>
Date :	<input type="text" value="2021-05-12"/>
Time:	<input type="text" value="10H00"/>
Venue:	<input type="text" value="KwaDabeka CHC next to Stores Department"/>
QUOTES CAN BE COLLECTED FROM:	<input type="text" value="The date of Site Briefing"/>
QUOTES SHOULD BE DELIVERED TO:	<input type="text" value="04 KHULULEKA ROAD, KWADABEKA TOWNSHIP - TENDER BOX ONLY"/>
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	
Name:	<input type="text" value="Simphiwe Mthiyane"/>
Email:	<input type="text" value="Simphiwe.Mthiyane@kznhealth.gov.za"/>
Contact Number:	<input type="text" value="031 714 3762"/>
Finance Manager Name:	<input type="text" value="Mrs. Zondi"/>
Finance Manager Signature:	

No late quotes will be considered