



**KZN Health Intranet**

KZN HEALTH

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**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**