

SharePoint

Zulu Thoba ▾ ?



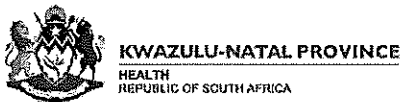
KZN Health Intranet

KZN HEALTH

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:

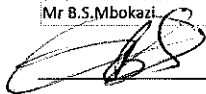
Email:

Contact Number:

Finance Manager Name:

Mr B.S.Mbokazi

Finance Manager Signature:



No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

St Mary's KwaMagwaza Hospital , Magwaza Road (8-9 KM)
Private Bag X 808 Melmoth 3835
Tel.: 035 450 8258 /450 8248, Fax.: 035 450 8253
Email.: andile.shandu@kznhealth.gov.za
Email.:Thoba.zulu@kznhealth.gov.za
www.kznhealth.gov.za

St Mary's KwaMagwaza Hospital
Supply Chain Management

Enquiries: SCM Office
Date: 29 July 2022
Tel. no.: 035 450 8248
Ref. no.: KMG 52-22-23

INVITATION TO QUOTE

ATT: SERVICE PROVIDER
FROM: KWAMAGWAZA HOSPITAL
RE: SERVICE/CLEANING OF WATER TANKERS 05X5000L AT YANGUYE CLINIC

You are cordially requested to give all-inclusive quotation for the above mentioned item:

NO.	ITEM DESCRIPTION	QUANTITY	COMPLIANT TO SPECIFICATION	
			YES	NO
1.	Servicing/Cleaning of water tankers 05x5000L at Yanguye clinic -Release all water in the tank -Clean with high pressure water machine And broom to remove all dirt and mud (personnel must go inside and physically Clean) -Repair loose taps -Apply water cleaner (disinfectant) -Supply and fit new water tanker plastic Lid lockable.	05 Jojo tanks		

SCM REQUIRED DOCUMENTS TO BE ATTACHED

DOCUMENTS REQUIRED		YES	NO
Annexure A	Attach a copy of qualified trade test(refrigeration)		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned (**initial and surname**): _____
Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

Signature: _____ **Position:** _____ **Date:** _____

SUPPLIER COMPANY STAMP:

