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Zulu Thoba ▾ ?



KZN Health Intranet

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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:

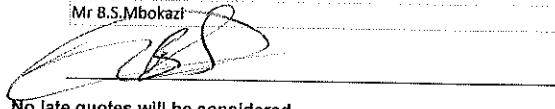
Email:

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 55-22-23

INVITATION TO QUOTE

ATT: SERVICE PROVIDER
FROM: KWAMAGWAZA HOSPITAL
RE: MAJOR SERVICE TO AIR CONDITIONING UNITS AND MINUS 40 FRIDGES AT
MELMOTH 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.	Major service to air conditioning units	1x2000BUT		
		2x900BUT		
		1x8000BUT		
	Minus 40 fridge	1		

SCM REQUIRED DOCUMENTS TO BE ATTACHED

DOCUMENTS REQUIRED		YES	NO
Annexure A	Attach a copy of qualified trade test electrician(refrigeration)		
Annexure B			
Annexure C			
Annexure D			
Annexure E			

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:

