



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:

Finance Manager Signature:

No late quotes will be considered