

## Quotation Advert

Opening Date:

Closing Date:

Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required

Date Submitted

### ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

### 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:

Mr R Ramnandan

Email:

Rajesh.Ramandan@kznhealth.gov.za

Contact

033-3954306

Mr D Thangalan

Number:

Finance Manager Name:



Finance Manager Signature:

No late quotes will be considered