



Quotation Advert

Opening Date:
 Closing:

Date:
 Closing Time: 11:00

INSTITUTION DETAILS

Institution:
 Department or Entity: Department of Health
 Division or section: Central Supply Chain Management
 Place where goods / services is required:
 Date:

Name: Select...
 Province: KwaZulu-Natal

Submitted

ITEM CATEGORY AND DETAILS

Quotation:
 Item:
 Item supplies:

Number: ZNQ:
 Category:
 Description: Quantity (if

COMPULSORY BRIEFING SESSION / SITE VISIT

Select:
 Date:
 Time:
 Venue:

Type: Select... v

QUOTES CAN BE COLLECTED FROM:
 QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

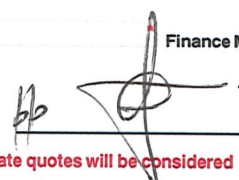
Name:
 Email:
 Contact:

Number:

Miss L.P. Sibenta

Finance Manager Name:

Finance Manager Signature:



No late quotes will be considered