| health  Department: Health PROVINCE OF KWAZULU-NATAL | uotation Advert   | _                     |
|--|---|-----------------------|
| Opening Date:  | 23/09/2022  |                       |
| Closing Date:  | 30/09/2022  |                       |
| Closing Time:  | 11:00   |                       |
| INSTITUTION DETAILS                                  |   |                       |
| Institution Name:                                    | ST CHADS CHC  |                       |
| Province:  | 0.0000  |                       |
| Department or Entity:                                | Department of Health  |                       |
| Division or section:                                 | Central Supply Chain Management                                 |                       |
| Place where goods / services is required             | ST CHADS CHC  |                       |
| Date Submitted                                       | 23/09/2022  |                       |
| ITEM CATEGORY AND DETAILS                            |   |                       |
| Quotation Number:                                    | STC/149/22-23   |                       |
| Item Category:                                       | GOODS   |                       |
| ItemDescription:                                     |   | I                     |
|  | CONSTRUCTING OF V-DRAIN AND TARING OF DRIVE WAY AT ST CHADS CHC |                       |
| COMPULSORY BRIEFING SESSION                          |   | / SITE VISIT          |
| Select Type:   | COMPULSURY SITE BRIEFING  |                       |
| Date :   | 27/00/2022  |                       |
| Time:  | 27/09/2022  | 1                     |
| Venue:   | 14:00PM   |                       |
| QUOTES CAN BE COLLECTED FROM:                        | ST CHADS CHC  |                       |
| QUOTES SHOULD BE DELIVERED TO:                       | WILL BE AVAILABLE ON SITE BRIEFING                              |                       |
|  | ST CHADS CHC IN THE TENDER BOX                                  |                       |
| ENQUIRIES REGARDING THE DIRECTED TO:                 |   | ADVERT MAY BE         |
| Nome   | SN MALINGA  |                       |
| Name:<br>Email:                                      | Zoe.mkhize@kznhealth.gov.za                                     |                       |
| Contact Number:                                      | 036 637 9600  | Finance Manager Name: |

No late quotes will be considered

Mrs A SOMARU
Finance Manager Signature: