

Opening Date:



Closing Date:



Closing Time:

11:00

## INSTITUTION DETAILS

Institution Name:

Hlabisa hospital



Province:

KwaZulu-Natal

Department or Entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods / services is required

HLABISA HOSPITAL

Date Submitted

2019-04-09



## ITEM CATEGORY AND DETAILS

Quotation Number:

ZNQ:

663-18/19

Item Category:

Select...



Item Description:

CANCELLATION OF SERVICE FOR LILIPUT AT SOMKHELE CLINIC

Quantity (if supplies)

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not Applicable



Date :



Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

A.N SITHOLE

Email:

ayanda.sithole@kznhealth.gov.za

Contact Number:

035 838 8625/8776/8780

Finance Manager Name:

N.B MASONDO

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'N.B. Masondo', written over a horizontal line. The signature is stylized and somewhat illegible.

No late quotes will be considered