

ORIGINAL

G

Accountant's date-stamp

To PHARMADIST PVT LTD
 P. O BOX
 HARARE

Notes for suppliers:

(1) Please provide the following stores/services to: U. B. H.

(2) If you are unable to supply in full, amend requisition and obtain a fresh one when stocks are available.

(3) ORIGINAL—Please submit with your invoice to:

U. B. H. P. O BOX 955 BULAWAYO

C.P.O. voucher number

(4) Delivery charges must be supported by rail or carrier's note.

Month	Creditor's code No.	Allocation	FOR OFFICIAL USE	\$	c
	Invoice No.				
	Invoice No.				
	Invoice No.		H.S.F.		
	Invoice No.				
	Invoice No.				
Station/cost centre				TOTAL	

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
150	Each Providone Iodine 10% @ \$64.00				
GRAND TOTAL = NINE THOUSAND NINE HUNDRED AND EIGHTY FOUR DOLLARS ONLY = \$9,984.00 U.S.D					

Period covered by this Requisition OCTOBER 2024

TBR or other authority RFQ 406/2024

I certify that these stores/services are required for the purpose of: Hospital use only (Pharmacy)

Requisition date stamp: **17 OCT 2024**
 BULAWAYO HOSPITALS PROCUREMENT MANAGEMENT UNIT
 P.O. BOX 955, BULAWAYO ZIMBABWE

Sub-total	
Less discount	
Sub-total	
Plus sales-tax	
Sub-total	
Plus carriage	
TOTAL	

I certify that the stores/services have been satisfactorily provided and that the charges are correct. Items marked ‡ have been added to the relative departmental assets schedule.

Signed

Certified correct Date

Date

Passed for payment Date

E.G.P

INTERNAL ORDER FORM

Supplier: UNITED BULAWAYO HOSPITAL
P O Box 958
Bulawayo

094018.9

Successful Bidder's Name & Address
Pharmadist
Cost Centre.....

Date 14/10/2024

Vote No...

PREV. BAL..... AMT COMMITTED VOTE BALANCE.....

NATURE OF TENDER AND CURRENT LIMITS

ORDER VALUES SUBJECT TO REVIEW BY SPOC WILL EXCEED THE ABOVE THRESHOLDS - CLASS C CATEGORY			Yes	No
	Construction works	≥ US\$200,000.00		
	Goods	≥ US\$100,000.00		
	Consultancy & Non-consultancy services	≥ US\$50,000.00		

	Request for Quotations	Tender	National Competitive Tender	International Competitive Tender	Restricted Tender	Direct Purchase (or Backup Service)
Construction works	≤ US\$20,000		≤ US\$200,000.00			
Goods	≤ US\$10,000		≤ US\$100,000.00			
Consultancy & Non-Consult services	≤ US\$5,000		≤ US\$50,000.00			

ORDER TRACKING RECORD

Indiv. Proc. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
	RFQ406/2024				

CURRENT ORDER INFORMATION (See attached Detailed Comparative Schedule)

Item	I. Proc. Ref. No.	Order Qty	Unit Size	Description of Goods	Unit Price Inc. VAT(USD)	Total Price Inc. VAT(USD)
		156	each	Povidone Iodine 10%	64	9,984.00
Purchase of goods: PHARMACY					VAT	9,984.00
					TOTAL	9,984.00

MEMBERS OF THE EVALUATION COMMITTEE

Responsible HOD J. Kumrai End user/Other Officer Hah
 Procurement Officer C. Mawo Finance Officer Hah

COMMENTS/ REMARKS ...

The tender was posted on eGP System and one company responded Pharmadist. This tender was done over three times and failed to get bidders at the time. The committee recommends the tender be awarded to Pharmadist the only bidder. Quantities have been reduced to cater for thresholds.

CHECKED BY DDPS PP APPROVED BY: CHIEF MEDICAL OFFICER [Signature]

CHIEF MEDICAL OFFICER
 UNITED BULAWAYO HOSPITALS
 17 OCT 2024
 P.O. BOX 958, BULAWAYO
 ZIMBABWE

**UNITED RUHWUNYO HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

Minutes of Request for Quotation Tender Evaluation held on the in the Procurement Management Unit

Tender No RFQ406/2024

Closing date of the tender:

Meeting commenced at

1. The tender evaluation was as follows:

Item	QTY	UOM	Description	Pharmacist	Recommended Price	Total Price (USD)
1	156	5 litres	Povidone Iodine 10%	64	Pharmacist	9,984.00
			Grand Total			9,984.00

Committee Recommendations

The tender was posted on eGP System and one company responded Pharmacist. This tender was done over three times and failed to get bidders at the time. The committee recommends the tender be awarded to Pharmacist the only bidder. Quantities have been reduced to cater for thresholds.

EVALUATION COMMITTEE MEMBERS

Responsible HOD *S. Kumana*
 End User/ Other Officer *D. Musabayana*
 Member Finance *M. Kofu K12A*
 Procurement Officer *C. M. M. M. M. M.*

Signature *S. Kumana*
 Signature *D. Musabayana*
 Signature *M. Kofu K12A*

Process checked By Deputy Director Procurement Services: Mr E. Sihlahla

Signature *E. Sihlahla*

APPROVED BY:

W. Busumani
 CHIEF MEDICAL OFFICER
Dr W. BUSUMANI

For United Bulawayo Hospital

CHIEF MEDICAL OFFICER UNITED BULAWAYO HOSPITALS 17 OCT 2024 P.O. BOX 958, BULAWAYO ZIMBABWE
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UNITED BULAWAYO HOSPITAL

PROCUREMENT MANAGEMENT COMMITTEE UNIT

DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON

Tender Number RFO306/2024

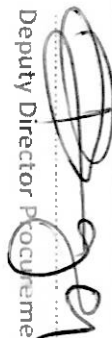
Description 50% Dextrose

Name	Designation	**Indicate your appropriate declaration**	Signature & Date				
1 Mr/Mrs	Procurement Officer/ Assistant	I have no pecuniary or other personal interest(s), directly or indirectly, in any of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital.	<table border="1"> <tr> <td data-bbox="965 1512 1037 1758">State Company(s)</td> <td data-bbox="965 1758 1037 2076">Signature & Date</td> </tr> <tr> <td data-bbox="1037 1512 965 1758">C. N. Mashamba</td> <td data-bbox="1037 1512 965 2076">14/10/2024</td> </tr> </table>	State Company(s)	Signature & Date	C. N. Mashamba	14/10/2024
State Company(s)	Signature & Date						
C. N. Mashamba	14/10/2024						
2 Mr/Mrs	Member Finance	I, therefore, recuse myself from all procurement proceedings. I have no pecuniary or other personal interest(s), directly or indirectly, in any of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital.	<table border="1"> <tr> <td data-bbox="702 1512 774 1758">State Company(s)</td> <td data-bbox="702 1758 774 2076">Signature & Date</td> </tr> <tr> <td data-bbox="774 1512 702 1758">State Company(s)</td> <td data-bbox="774 1512 702 2076">14/10/2024</td> </tr> </table>	State Company(s)	Signature & Date	State Company(s)	14/10/2024
State Company(s)	Signature & Date						
State Company(s)	14/10/2024						
3 Mr/Mrs	Head Requiring Services	I have no pecuniary or other personal interest(s), directly or indirectly, in any of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital. I, therefore, recuse myself from all procurement proceedings.	<table border="1"> <tr> <td data-bbox="406 1512 478 1758">State Company(s)</td> <td data-bbox="406 1758 478 2076">Signature & Date</td> </tr> <tr> <td data-bbox="478 1512 406 1758">S. Kumani</td> <td data-bbox="478 1512 406 2076">14/10/2024</td> </tr> </table>	State Company(s)	Signature & Date	S. Kumani	14/10/2024
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S. Kumani	14/10/2024						
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State Company(s)	Signature & Date						

		I have pecuniary or other personal interest(s) directly or indirectly, in one or all of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital. I, therefore, recuse myself from all procurement proceedings.			
4	Mr/Mrs	End user/Other officer/ Section head	No	Signature & Date	Signature & Date
		I have no pecuniary or other personal interest(s), direct or indirect, in any of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital.	Yes	State Company(s)	Signature & Date
		I have pecuniary or other personal interest(s), directly or indirectly, in one or all of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital. I, therefore, recuse myself from all procurement proceedings.			

Confirmed by:

E. Sihlahla


 Deputy Director Procurement Services

**UNITED BULAWAYO HOSPITALS
PROMENT MANAGEMENT UNIT**

REQUEST FOR QUOTATION FORM

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY	UNIT PRICE + VAT	Delivery Time
RFQ 406/2024	Povidone iodine 10%	5ml	200		1 week

INSTRUCTIONS, TERMS AND CONDITION

1. Bidders must clearly indicate the **tender number** on each bids or quotation
2. All items must be quoted on the same sheet of paper, the bid clearly stating the **unit price inclusive of VAT**
3. **N.B Attach valid Tax clearance certificate, PRAZ certificate and CR14.**
4. Proof of registration with **Procurement Regulatory Authority of Zimbabwe (PRAZ)**
5. Other charges must be included in the bid price. No submissions will be considered for any discovered omissions.
6. **All bids must be in USD price,**
7. **Delivery time** is highly critical and bidders should state their lead time.
8. Must accept payment through Government Purchase Order System
9. Tenders should be deposited in the tender box in the **PMU Department** or emailed to procurement
10. Late submission would not be accepted.
11. The hospital reserve the right to accept not necessarily the lowest bidder



ZIMBABWE

Telephone: +263 0292 252111-9
Fax: 263 0292 237284
Website: www.ubh.org.zw
Email: info@ubh.org.zw
All Correspondence to be addressed to:
THE CHIEF EXECUTIVE OFFICER
UNITED BULAWAYO HOSPITALS
P.O. BOX 958
BULAWAYO
ZIMBABWE

MINISTRY OF HEALTH AND CHILD CARE
UNITED BULAWAYO HOSPITALS
ST LUKES AVENUE
ASCOT
BULAWAYO
ZIMBABWE

REQUEST FOR GOODS AND SERVICES FORM

DEPARTMENT REQUESTING Pharmacy

DESCRIPTION OF GOODS AND SERVICES

Kindly procure the following which is out of stock at Natpharm:

Adrenaline inj 1mg/ml	1ml	X	2000
Povidone Iodine 10%	5L	X	1000
Gentamycin 80mg/2ml		X	1000

Estimated/Actual cost:

Compiled by: D. Musabayana

Signature: [Signature]

Date: 13/9/24

H.O.D. S. Nkala

Signature: [Signature]

Date: 19/9/24

ACCOUNTANT

Vote allocation: GL code

Cost code:

Balance:

Signature: [Signature]

Date: 23/09/24

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS

APPROVED BY DIRECTOR OF (FINANCE/OPERATIONS/CLINICAL DIRECTOR)

Signature: [Signature]

Date: 23/9/24 23 SEP 2024

P.O. BOX 958, BULAWAYO
ZIMBABWE

AUTHORISED BY THE ACCOUNTING OFFICER

Signature: [Signature]

Date: 23/9/24

Recommended by Procurement Management Unit

Deputy Director Procurement: [Signature]

Received on: 24/9/24

Tender Id

10568

Organization Name

PHARMADIST PVT LTD

Address

BAY 2 HARROW ROAD 255 MARTIN DRIVE

Email

MSASA HARARE

admin@pharmadist.co.zw

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51471505	Povidone iodine	5 litres Povidone iodine 10%	200	Each	64	12800
							Total = 12800.0000



Zimbabwe Revenue Authority



TAX CLEARANCE CERTIFICATE (ITF263)



Your Tax position is Satisfactory. No tax should be withheld

Validity Period (from-to): 1 January 2024 - 30 June 2024

TIN 2001271975

Taxpayer Name PHARMADIST

Trade Name: Pharmadist PL

Issued on: 16/01/2024

Authentication Code: 47084669

The authentication and validity of this certificate must be validated on ZIMRA page: mytaxselfservice.zimra.co.zw using the Authentication Code or QR Code

ZIMRA reserves the right to withdraw this certificate at any time, should it become necessary during the period for which this certificate is valid





PRAZ REGISTRATION CERTIFICATE

2024

This is to certify that **PHARMADIST PVT LTD(PR79948629638)** is registered with the Procurement Regulatory Authority of Zimbabwe in terms of section 4 of the Public Procurement and Disposal of Public Assets(PPDPA) (General) Regulations, 2018 for category:

Pharmaceuticals (a) Medical Drugs, Supplies and Consumables(GP004)

Issued On	15-Jan-2024
Expires On	31-Dec-2024
Varification Code	PRAZ-2024-544-OYH-5422

The Procuring Entity reserves the right to confirm, validate and determine the authenticity of this certificate using the above verification code on the eGP System.

