

ORIGINAL

G

Accountant's date-stamp

To PROFMEP INVESTMENT  
P. O BOX  
MASHINGO

**Notes for suppliers:**

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

(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 958 BULAWAYO

C.P.O. voucher number

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

Month	Creditor's code No.	FOR OFFICIAL USE										\$	c
	Invoice No.	Allocation											
	Invoice No.	Allocation											
	Invoice No.	Allocation											
	Invoice No.	Allocation											
	Invoice No.	Allocation											
<b>Station/cost centre</b>												<b>TOTAL</b>	

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
	300 x 10 Boxes, Suction catheter size 16 @ \$1500.00				
	GRAND TOTAL = \$1800.00 US.D				
	ONE THOUSAND EIGHT HUNDRED DOLLARS ONLY.				
	/ / /				

Period covered by this Requisition OCTOBER 2024

TBR or other authority RF-Q 301/2024

I certify that these stores/services are required for the purpose of:

HOSPITAL USE ONLY  
SURGICAL STORES

Signed R. Cambria

BULAWAYO HOSPITALS  
 PROCUREMENT MANAGEMENT UNIT  
 25 OCT 2024  
 P.O. BOX 958, BULAWAYO  
 ZIMBABWE

Sub-total	
Less discount	
Sub-total	
Plus sales-tax	
Sub-total	
Plus carriage	
<b>TOTAL</b>	

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 .....



**SUPPLIER'S COPY**

G

Accountant's date-stamp

PLEASE PRINT To PROFORM INVESTMENT  
P. O BOX  
MASHINGO

**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 958 BULAWAYO

C.P.O. voucher number

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

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

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
	300 x 10 Boxes, Suction catheter size 16 @ \$18000				
	GRAND TOTAL = \$1800.00 U.S.D				
	ONE THOUSAND EIGHT HUNDRED DOLLARS ONLY				
	/				
	/				

Period covered by this Requisition OCTOBER 2024

I certify that these stores/services are required for the purpose of:  
HOSPITAL USE ONLY  
SURGICAL STORES

Signed P. Cambria

TBR or other authority RF. Q 301/2024

Requisitionist's date stamp  
**UNITED BULAWAYO HOSPITALS**  
**PROCUREMENT MANAGEMENT UNIT**  
**25 OCT 2024**  
**P.O. BOX 958, 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 .....

Date .....

Certified correct ..... Date .....

Passed for payment ..... Date .....



eGP

INTERNAL ORDER FORM

UNITED BULAWAYO HOSPITAL  
P O Box 958  
ASCOT  
Bulawayo

Successful Bidder's  
Name & Address  
Profmed Investment  
Cost Centre...  
Vote No...

POA2-2024-271-410-285

Date 22/10/2024

BAL..... AMT COMMITTED ..... VOTE .....

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				

Item	I. P. Ref. No.	Request for Quotations	Tick	National Competitive Tender	Tick	International Competitive Tender	Tick	Restricted Tender	Tick	Direct Purchase (or Backup Service)	Tick
Construction works		✓		≤ 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

Item	I. P. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
N/A		RFQ301/2024	N/A	N/A	N/A	N/A

CURRENT ORDER INFORMATION  
(See attached Detailed Comparative Schedule)

Item	I. P. Ref. No.	Order Qty	Unit Size	Description of Goods	Unit Price Inc. VAT	Total Price Inc. VAT
		300	Box/10	Suction catheter size 16	\$6.00	\$1800.00USD
PURPOSE OF GOODS. Surgical stores					SUB TOTAL	\$1800.00USD
					VAT	-
					TOTAL	\$1800.00USD

MEMBERS OF THE EVALUATION COMMITTEE

PP Responsible HOD F. Joricho End user/Other Officer C Ndlovu  
 PP Procurement Officer N. Moyo  
 Finance Officer T. M. CAVIRI

COMMENTS/REMARK

The tender was uploaded on the eGP system, 3 companies responded. The committee recommends tender be awarded to Profmed Investment.

CHECKED BY DDPS [Signature]

APPROVED BY: Accounting Officer [Signature]

RFQ301/2024

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

1. The tender evaluation was as follows:

ITEM	Qty	Uom	DESCRIPTION	Investmed healthcare	Pharmatrial Medicals	Profmed Investment	Recommended bidder	Total
	300	Box/10	Suction catheter size 16	\$7.14	\$60	\$6.00	Profmed	\$1800.00
			VAT					
			<b>Grand total</b>					<b>\$1800.00</b>

EVALUATION COMMITTEE MEMBERS

PP HOD ... *F. J. J. J.* ..... Signature *Alan* .....

End User/ Other Officer: *End User* ..... Signature *End User* .....

Finance: *T. M. S. A. B.* ..... Signature *T. M. S. A. B.* .....

Procurement Officer: *H. M. S.* ..... Signature *H. M. S.* .....

Committee Recommendations

The tender was uploaded on the eGP system, 3 companies responded. The committee recommends tender be awarded to Profmed Investment.

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

APPROVED BY: *[Signature]* .....

CHIEF MEDICAL OFFICER  
DR W. BUSUMANI  
FOR UNITED BULAWAYO HOSPITAL






UNITED BULAWAYO HOSPITAL

PROCUREMENT MANAGEMENT UNIT

DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON .....

Tender Number RFQ306/2024

Description 50% Dextrose

Name	Designation	**Indicate your appropriate declaration**	Yes/No	Signature & Date	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.	No	 State Company(s)	signature & Date 24/10/2024
2 Mr/ <del>Mrs</del>	Member Finance	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.	No	 State Company(s)	Signature & Date 24/10/24
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.	No	 State Company(s)	Signature & Date 24/10/24
		I, therefore, recuse myself from all procurement proceedings.	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. <b>I, therefore, recuse myself from all procurement proceedings.</b>			
4	Mr/Mrs	End user/Other officer/ Section head	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 Evaluation Committee member of the hospital.  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. <b>I, therefore, recuse myself from all procurement proceedings.</b>	No	Signature & Date  C. Odhiambo 24/10/24	Signature & Date
				Yes	State Company(s)	Signature & Date

Confirmed by:

E. Sihlahla  
  
 Deputy Director Procurement Services

**UNITED BULAWAYO HOSPITALS**  
**PROCUREMENT MANAGEMENT UNIT**

**REQUEST FOR QUOTATION FORM**

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY REQD	DDP UNIT PRICE + VAT	Expected Delivery Time
RFQ301/2024	Suction Catheter size 16	BOX	300		7 DAYS

**INSTRUCTIONS, TERMS AND CONDITIONS**

1. Bidders must clearly indicate the **tender number** on each bids or quotation
2. The bid clearly stating the unit price **inclusive of VAT**
3. Attach valid **Tax clearance 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**
7. Tenders should be deposited in the tender box in the **PMU Department** or **emailed to procurement**
8. Late submission would not be accepted.
9. The hospital reserve the right to accept not necessarily the lowest bidder
10. Late submission would not be accepted
11. The hospital reserves the right to accept not necessarily the lowest bidder.

RFQ 30/2024 Theatre 203342



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 SURGICAL STORES

DESCRIPTION OF GOODS AND SERVICES

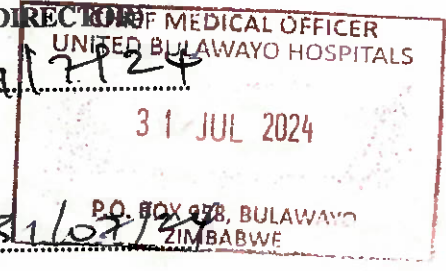
KINDLY OUTSOURCE, NATPHARM IS OUT OF STOCK  
Box of 10 Unit Price \$25,00  
1. SUCTION CATHETERS SIZE 16 X 300 BOXES  
2. ~~1 Vyal cutting blade x 100~~

Estimated/Actual cost: .....  
Compiled by: I.P.S. HUSHAI Signature: [Signature] Date: 26/07/24  
H.O.D. A. Nyakudanga Signature: [Signature] Date: 26/07/24

ACCOUNTANT  
Vote allocation: GL code ..... Cost code: ..... Balance: .....  
Signature: [Signature] Date: 30/7/2024

APPROVED BY DIRECTOR OF (FINANCE/OPERATIONS/CLINICAL DIRECTOR) OF MEDICAL OFFICER  
UNITED BULAWAYO HOSPITALS  
Signature: [Signature] Date: 31/7/24

AUTHORISED BY THE ACCOUNTING OFFICER  
Signature: [Signature] Date: 31/07/2024



Recommended by Procurement Management Unit  
Deputy Director Procurement: [Signature]

Received on: 31/7/24



**Tender Id** 10149  
**Organization Name** INVESTMED HEALTHCARE PVT LTD  
**Address** 82 MUTARE ROAD MSASA HARARE  
**Email** investmed@mweb.co.zw

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	42292200	Surgical approximators and compressors and depressors and related products	Suction catheter size 16	300	Box	7.14	2142
Total = 2142.0000							



# INVESTMED HEALTHCARE P/L

82 MUTARE ROAD, MSASA, HARARE  
Tel: 04-487585, mobile - 0772341776

## QUOTATION

Date: : 18 SEPTEMBER 2024

Customer: THE PROCUREMENT COMMITTEE  
THE PROCUREMENT MANAGEMENT UNIT  
UNITED BULAWAYO HOSPITAL  
ASCOT  
BULAWAYO

**REF: RFQ301/2024 SUCTION CATHETER SIZE 16**

We have pleasure in submitting our quotation as follows:

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QUANTITY REQUIRED	DDP UNIT PRICE + VAT	TOTAL UNIT PRICE +VAT
				(USD)	(USD)
RFQ301/2024	Suction catheter size 16	b/10	300	\$7.14	\$2,142.45

### SALES CONDITIONS

1. Delivery is within 7 Days
2. Price include 15% VAT
3. Quotation is valid for 60 DAYS
4. Payment period: WITHIN 7 DAYS
5. Price is quoted in \$USD
6. VENDOR NUMBER 701290

### BANK DETAILS: NOSTRO ACCOUNT

**BANK: STANBIC BANK**  
**BRANCH : MSASA**  
**A/C NAME: INVESTMED HEALTHCARE P/L**  
**ACCOUNT NUMBER : 9140003055182**

Thanks and Regards

GODFREY GARANEWAKO(SALES) CELL: 0775 098 764

**Tender Id** 10149  
**Organization Name** Pharmatril Medicals  
**Address** 17 Westview Mansions Marlborough  
**Email** pharmatrilmedicals@gmail.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	42292200	Surgical approximators and compressors and depressors and related products	Suction catheter size 16	300	Box	60	18000
<b>Total =</b>							<b>18000.0000</b>





**PHARMATRIAL**  
Medicals

+263 783459317 | +263 718232387

17 Westview Mansions  
Marlborough  
Harare

Nº 6675  
Westview West  
Kadoma

### TECHNICAL SPECIFICATION

Item No	Description	Pack Size	Tech Specification
1	Suction Catheters	Box	Suction Control 16 FR

Tender Id 10149

Organization Name PROFMED INVESTMENT  
Address Suite No 7 Main Post Office Masvingo  
Email profmed2017@gmail.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	42292200	Surgical approximators and compressors and depressors and related products	Suction catheter size 16	300	Box	6	1800
Total = 1800.0000							

**MASVINGO BRANCH**

Counter No 7  
44-50 Hughes Street  
Main Post Office  
Masvingo  
Tel:+263 392261137

**GWERU BRANCH**

Suite PD 12  
7<sup>th</sup> Street  
Main Post Office  
Gweru  
Tel:+263 054 220112

**MTSABE BRANCH**

Cubicle 7  
Robert Musabe Rd  
Main Post Office  
Mutare  
Tel:+263 202 061 562

**ZVIRIMWE BRANCH**

Counter 2 & 3  
7<sup>th</sup> Street  
Zimpost Building  
Zvishavane  
Tel:+263 392 382 389

**KWENENE BRANCH**

Counter 8  
63 Robert Musabe Way  
Zimpost Complex  
Kwetwe  
Tel:+263 552520058

## Suction Catheters

### Endo Bronchial Suction Catheters

#### Common Features

- For removal of secretion from trachea and bronchial region
- Soft, frosted and kink resistant DEHP free PVC tubing with maximum patient comfort
- Color coded connector for identification of size
- Thumb Control & finger tip control are available with graduation marks after every cm
- Length : 50 cms
- Sizes : 16 FG