

ORIGINAL

G

Accountant's date-stamp

PLEASE
PRINT

To Lily Casablanca Events
P.O. Box
Bulawayo

Notes for suppliers:

(1) Please provide the following stores/services to: UBH

(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:

UBH 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.												
	Invoice No.												
	Invoice No.												
	Invoice No.												
	Invoice No.												
Station/cost centre												TOTAL	

		To be completed by supplier			
Quantity	Description and other details—tenders, etc.	Qty. supplied	@	\$	c
	Video Filming and photographing services on graduation day (08 November 2024)				
	@ \$850.00				
	Grand total eight hundred and fifty dollars only				
	\$850.00 USD				

Period covered by this Requisition November 2024

TBR or other authority RFQ466/2024

Sub-total
Less discount

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

Requisitionist's date-stamp

Sub-total
Plus sales-tax
Sub-total
Plus carriage

Hospital use
(SON Graduation)
ddelomo

UNITED BULAWAYO HOSPITALS
PROCUREMENT MANAGEMENT UNIT

08 NOV 2024

P.O. BOX 958, BULAWAYO
ZIMBABWE

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

INTERNAL ORDER FORM

UNITED BULAWAYO HOSPITAL
P.O. Box 958
ASCOT

0940649

Successful Bidder's
Name & Address
Lily Casablanca Events Planners

Bulawayo

Date 07/11/2024

Cost Centre...
Vote No...

Indiv. Proc. Ref. No. 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

	Request for Quotations	Tick	Tick	International Competitive Tender	Tick	Restricted Tender	Tick	Direct Purchase (or Backup Service)	Tick
Construction works	≤ US\$20,000								
Goods	≤ US\$10,000								
≤ US\$5 000									

ORDER TRACKING RECORD

Indiv. Proc. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
N/A	RFQ466/2024	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
				Video filming and photographing services on graduation day	\$850.00USD	\$850.00USD
PURPOSE OF GOODS: SCHOOL OF NURSING					SUB TOTAL	\$850.00USD
					VAT	-
					TOTAL	\$850.00USD

MEMBERS OF THE EVALUATION COMMITTEE

Responsible HOD

End User... mtrusio

Procurement Officer

Finance Officer

COMMENTS/REMARK

Tender was uploaded on the eGP system and one company responded, because of the urgency of the matter in preparation for Nursing graduation ceremony the committee agreed to proceed with one quotation. The committee recommends that order be issued to Lily Casablanca Events Planners the solely responded bidder.

CHECKED BY DDPS

APPROVED BY: Accounting Officer.....

- 8 NOV 2024

UNITED BULAWAYO HOSPITALS
DEPUTY DIRECTOR PROCUREMENT

07 NOV 2024

P.O. BOX 958, BULAWAYO
ZIMBABWE

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS

P.O. BOX 958, BULAWAYO
ZIMBABWE

**UNITED BULAWAYO HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

RFQ466/2024

1. The tender evaluation was as follows:

IT-EM	Qty	Uom	DESCRIPTION	Lily Casablanca Events Planners	Total
1.			Video filming and photographing services on graduation day	Lily Casablanca Events Planners	\$850.00USD
			VAT		
			Grand total		\$850.00USD

EVALUATION COMMITTEE MEMBERS

HOD Ch. Adabazobye Signature [Signature]

End User/ Other Officer M.T. Eusea Signature [Signature]

Finance M. Refeiza Signature [Signature]

Procurement Officer: B. Mwenya Signature [Signature]

Committee Recommendations

Tender was uploaded on the eCP system and one company responded, because of the urgency of the matter in preparation for Nursing graduation ceremony the committee agreed to proceed with one quotation. The committee recommends that order be issued to Lily Casablanca Events Planners the solely responded bidder.

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







APPROVED BY:

CHIEF MEDICAL OFFICER
DR W.BUSUMANI
FOR UNITED BULAWAYO HOSPITAL

UNITED BULAWAYO HOSPITAL
DEPUTY DIRECTOR PROCUREMENT
07 NOV 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

**UNITED BULAWAYO HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON 21/11/2024
Tender Number: 220466124 Description: Radio Frequency Photography

Name	Designation	**Indicate your appropriate declaration**		Signature & Date	
1 Mr/Mrs	Procurement Officer/ Assistant	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> No	<div>State Company(s)</div> 	<div>Signature & Date</div> 
2 Mr/Mrs	Member Finance	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> No	<div>State Company(s)</div> 	<div>Signature & Date</div> 
3 Mr/Mrs	Head Requiring Services	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> No	<div>State Company(s)</div> 	<div>Signature & Date</div> 

4	Mr/Mrs	End user/Other officer/ Section head	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 Evaluation Committee member of the hospital.	Yes	State Company(s)	Signature & Date
5	Mr/Mrs	Committee Member / Technical expert	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	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.	Yes	State Company(s)	Signature & Date
			I, therefore, recuse myself from all procurement proceedings.			
6	Mr/Mrs	Sample Evaluation Committee Member	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	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.	Yes	State Company(s)	Signature & Date
			I, therefore, recuse myself from all procurement proceedings.			

Confirmed by:

E. Siplahla



UNITED BULBUL
DEPUTY DIRECTOR OF PROCUREMENT SERVICES

07 NOV 2024

P.O. BOX 953 BULAWAYO
ZIMBABWE

Req number -----

UNITED BULAWAYO HOSPITALS PROCUREMENT MANAGEMENT UNIT

REQUEST FOR QUOTATION FORM

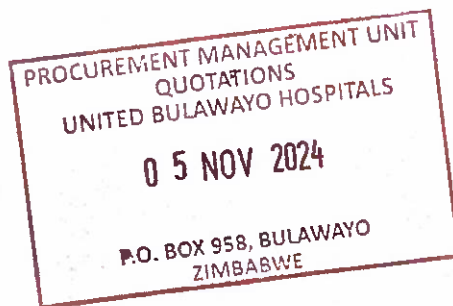
TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY REQD	DDP UNIT PRICE + VAT	Expected Delivery Time
RFQ466/2024	Video filming and photographing services on graduation day				Immediate

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.

Tender Id 12570
Organization Name Lily Casablanca Events Plannners P/L
16 RUDLAND AVENUE BELVEDERE HARARE
OFFICE E401 4TH FLOOR ZIMDEF HOUSE
Address BULAWAYO
Email info@lilyeventplanners.co.zw

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	90150000	Entertainment services	Video filming	1	Work	850	850
							Total = 850.0000





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

REQUEST FOR GOODS AND SERVICES FORM

DEPARTMENT REQUESTING SICKLES / SON

DESCRIPTION OF GOODS AND SERVICES

Provide videofilming and photography services for students graduation on line 08/11/24

Estimated/Actual cost:
 Compiled by: *AMM* Signature: *AMM* Date: *25/10/2024*
SM Signature: *SM* Date: *25/10/2024*
 H.O.D.

ACCOUNTANT

Accountant: _____
Vote allocation: GL code: _____ Cost code: _____ Balance: _____
Signature: T. MUGANYI _____ Date: 28/10/24

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

Signature Date 29/10/2021

AUTHORISED BY THE ACCOUNTING OFFICER

Signature:

Recommended by Procurement Management Unit

Deputy Director Procurement:

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS

Date: 28 OCT 2024

P.O. BOX 958, BULAWAYO
ZIMBABWE

Received on: 28 OCT 2024