

eGP System Notice Reference Number 1434



Procurement Management Unit

Tender Evaluation Report

Details of invitation

Tender Invitation Methods

Competitive Direct Purchases RFQ

Tender Number MS 116 RETENDER Tender Closing Date... 13/06/2024

Tender Description... WARD STATIONERY AND DATE STAMPS

MS 116 RETENDER		COST COMPARATIVE SCHEDULE				
COMPANY NAMES		PRINTFLOW				
DESCRIPTION	QTY				UNIT PRICE	TOTAL PRICE
Date stamp	60				\$69.00	\$4,140.00
Date stamp	140				\$63.00	\$8,820.00
Diary A4	100				\$17.49	\$1,749.00
Diary A5	100				\$11.69	\$1,169.00
Ward Book	1000				\$22.51	\$22,510.00
Issue voucher book	200				\$8.10	\$1,620.00
Vehicle log book	50				\$3.89	\$194.50
Deceased cards	40000				\$0.12	\$4,880.00
Stockcards	20000				\$0.12	\$2,440.00
ICU Charts	6000				\$1.22	\$7,320.00
SUBTOTAL						\$54,842.50
V.A.T @ 14.5%						\$0.00
DISCOUNT						\$0.00
GRANT TOTAL						\$54,842.50
REMARKS		Security items (PPDPA) Act Chapter 22:23 Section 33				

COMPANY AWARDED:

PRINTFLOW

REASONS FOR AWARD:

1 Direct procurement for Security items

PROCUREMENT MANAGEMENT UNIT			
	FULL NAME	SIGNATURE	DATE
PREPARED BY:	HUNDA TICHAONA A	<i>[Signature]</i>	13/06/2024
CHECKED BY:	KADZIYANIKE PORTIA F	<i>[Signature]</i>	13/06/2024

Due Diligence Committee

Process falls within as a direct purchase to the Government printers due to security reasons to the news.

Trustee
 CHITUNGWIZA CENTRAL HOSPITAL
 DUE DILIGENCE
 14 JUN 2024

HEAD PROCUREMENT MANAGEMENT UNIT			
	NAME AND INITIALS	SIGNATURE	DATE
RECOMMENDED BY:	C. Chikwerekwe	<i>[Signature]</i>	13/06/2024

ACCOUNTING OFFICER			
	NAME AND INITIALS	SIGNATURE	DATE
APPROVED BY:	<i>[Signature]</i>	<i>[Signature]</i>	14 JUN 2024

CHIEF MEDICAL OFFICER
 CHITUNGWIZA CENTRAL HOSPITAL
 14 JUN 2024
 P.O. BOX CZA 245
 CHITUNGWIZA ZIMBABWE

PRICE DUE DILIGENCE

MDA Name	Chitungwiza Central Hospital		Tender Description: WARD STATIONARY & DATE STAMPS								
Tender Number:	MS116										
Vendor Names:	PRINTFLOW										
Vendor Number	10017268										
Quotation Nos	26667										
Quotation Dates	12-Jun-24										
Quoted Product	Selected Vendor	Quantity	Price Each ZW	Official rate @ quote date	Implied price each in USD @ quote date	Market price each in USD @ quote date	Market price each if official rate used in ZWL	Total Invoice Price for each item	Total if market price used (ZWL)	Total Premium in ZWL	% Premium (compared to market rates)
SELF INKING DATE STAMP	PRINTFLOW	60	69	13.50	5.11	5.11	69.00	4,140.00	4,140.00	-	0.0%
ORDINARY DATE STAMP	PRINTFLOW	140	63	13.50	4.67	4.67	63.00	8,820.00	8,820.00	-	0.0%
A4 DIARIES NEW DESIGN	PRINTFLOW	100	17.49	13.50	1.30	1.30	17.49	1,749.00	1,749.00	-	0.0%
A5 DIARIES NEW DESIGN	PRINTFLOW	100	11.69	13.50	0.87	0.87	11.69	1,169.00	1,169.00	-	0.0%
WARD BOOK	PRINTFLOW	1000	22.51	13.50	1.67	1.67	22.51	22,510.00	22,510.00	-	0.0%
ISSUE VOUCHER BOOK	PRINTFLOW	200	8.1	13.50	0.60	0.60	8.10	1,620.00	1,620.00	-	0.0%
VEHICLE LOG BOOKS	PRINTFLOW	50	3.89	13.50	0.29	0.29	3.89	1,945.00	1,945.00	-	0.0%
DECEASED CARDS	PRINTFLOW	4000	1.22	13.50	0.09	0.09	1.22	4,880.00	4,880.00	-	0.0%
STOCK CARDS	PRINTFLOW	2000	1.22	13.50	0.09	0.09	1.22	2,440.00	2,440.00	-	0.0%
ICU CHARTS	PRINTFLOW	6000	1.22	13.50	0.09	0.09	1.22	7,320.00	7,320.00	-	0.0%
Comments:	<p><i>Prices within and approved as a direct purchase to the Government printer due to security reasons and sensitivity to the Government to the security reasons.</i></p>										
Prepared by:	<i>S. Mumba</i>		Signature: <i>S. Mumba</i>		Date: <i>14/06/2024</i>						
Reviewed by:	<i>M. Mumba</i>		Signature: <i>M. Mumba</i>		Date: <i>14/06/2024</i>						
Head of Internal Audit:	<i>M. Mumba</i>		Signature: <i>M. Mumba</i>		Date: <i>14/06/2024</i>						

CHITUNGWIZA CENTRAL HOSPITAL
DUE DILIGENCE
14 JUN 2024
 P.O. BOX CZA 245, CHITUNGWIZA
 ZIMBABWE



PRINTFLOW PVT LTD
 G. SILUNDIKA BLWN 6TH & EPTON STREET
 HARARE
 04-706 161-7
 SALES@PRINTFLOW.CO.ZW
 Vat Vendor No: 10017268

Date: 2024/06/12
 Time: 15:23

Sales Rep: CHRISPEN KASIRORI
 Rep No: 6 WS No: 1

Quote/Proforma invoice

Document No: **26667**
 Order No: **26667**



Customer Details:

CUSTOMER: CHITUNGWIZA CENTRAL HOSP
 ADDRESS:
 DISTRICT:

Customer Tax No:

Code	Description	Qty	Price Inclusive VAT	Total
50000	SELF INKING DATE STAMP	60.00	69.00	4140.00
50001	ORDINARY DATE STAMP	140.00	63.00	8820.00
31441	A4 DIARIES NEW DESIGN	100.00	17.49	1749.00
31451	A5 DIARIES NEW DESIGN	100.00	11.69	1169.00
61802	WARD BOOK EACH	1000.00	22.51	22510.00
67195	ISSUE VOUCHER BK	200.00	8.10	1620.00
67194	VEHICLE LOG BKS EACH	50.00	3.89	194.50
61785	DECEASED CARD 10	4000.00	1.22	4880.00
61560	STOCK CARDS/UNIT OF 10	2000.00	1.22	2440.00
61750	I.C.U. CHART EACH	6000.00	1.22	7320.00

GOODS SHOULD BE EXCHANGED WITHIN 24 HOURS FROM THE DAY OF PURCHASE. PLEASE BRING ID AND DATESTAMP WHEN MONEY IS DEPOSITED THROUGH BANK & WHEN IN NEED TO PURCHASE SECURITY ITEMS.

Standard Vat Rate % 15.00		Totals		13650.00	
CBZ FCA NOSTRO ACC: 10720046010189 SEALOUS AVE USD \$ ONLY	CBZ ACC: 10720046010030 K.NKURUMAH RTGS \$ ONLY	Invoice Discount %: 0.00 Payment Method: Tendered: Change:	Sub Total Invoice Discount Value Vat Total Inc.USD	47689.14 0.00 7153.36 54842.50	

QUOTE IS BASED ON USD VALUE AND CAN BE PAID IN ZIG AT THE RBZ INTERBANK RATE
 GOODS ARE SOLD/COLLECTED WITH THE REVALING PRICES ON THE DAY OF COLLECTION

Abstract of Bids as Read

Project Name Ward Stationery and date stamps
Project Location Chitungwiza Central Hospital
Implementing Office CHITUNGWIZA CENTRAL HOSPITAL
Approved Budget for the Contract US\$ 209,500.00

Page 1
Date 13-Jun-24
Time 13/06/2024 15:02

NAME OF ORGANIZATION	Printflow Pvt Ltd
Total Amount of Bid	US\$ 13,994.50
Form of Bid Security	
Bank / Company	N/A
Instrument Number	N/A
Validity Period	30
Bid Security Amount	N/A
Required Bid Security	US\$ 4,190.00
Remarks	

Thelma Mutumba
 BEC Chairman

Portia Kadziyanike
 BEC Member


 PMO/End-user Unit

Prosper Madzimure
 BEC Member


 Representative

Kimberly Gonondo
 BEC Member


 Representative



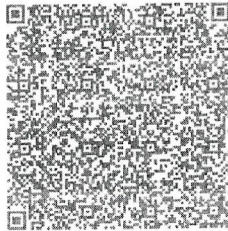
PRAZ REGISTRATION CERTIFICATE 2024

This is to certify that **Printflow Pvt Ltd(PR2407899647)** 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:

Stationery Products and Paper Raw Materials(GS006)

Issued On	15-Feb-2024
Expires On	31-Dec-2024
Verification Code	PRAZ-2024-222-ZTP-7899

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.





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: 2000146384

Taxpayer Name: Puroflow (Pvt)Ltd

Trade Name: Puroflow

Issued on: 15/01/2024

Authentication Code: 47083569

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.



CHITUNGWIZA CENTRAL HOSPITAL



TENDER NOTIFICATION

TENDER NUMBER	ITEM DESCRIPTION	SPECIFICATIONS	QUANTITY REQUIRED
MS 116 RETENDER	Date stamp	Self inking	60
	Date stamp	Ordinary	140
	Diary A4	Government of Zimbabwe	100
	Diary A5	Government of Zimbabwe	100
	Ward Book	Government of Zimbabwe	1000
	Issue voucher book	Government of Zimbabwe	200
	Vehicle log book	Government of Zimbabwe	50
	Deceased cards	Government of Zimbabwe	40000
	Stockcards	Government of Zimbabwe	20000
	ICU Charts	Government of Zimbabwe	6000

TENDER REQUIREMENTS

- i. Valid Tax clearance Certificate
- ii. Vendor Number
- iii. PRAZ Registration certificate in the category of Stationery Products and paper raw Materials(GS006)

BID SUBMISSION

Your bid must be submitted online on the e-GP portal by 13/06/2024 at 10:30hrs .

For any enquiries kindly contact:

Procurement Management Unit

Telephone: +242130119

Email: cchprocument1@gmail.com



User Department Reference Number
(Tender Number)

WS 116

CCH Procurement Ref. Number

REQUEST FOR GOODS AND/OR SERVICE FORM

- 1. DEPARTMENT MAIN STORES DATE 6/05/24
- 2. QTY x DESCRIPTION OF GOODS/SERVICE REQUIRED (complete the User Requirement & Specifications Form)
- 3. ESTIMATED / ACTUAL COST \$ 960 689 000 - 00 ZIG
- 4. COMPILED BY T. MUDRAKANI SIGNATURE [Signature]

5. VOTE ALLOCATION: GL CODE 602 COST CODE BALANCE

5.1 DONOR BALANCE

5.2 ACCOUNTANT NAME T. TARISAI SIGNATURE [Signature] DATE 10/05/24

6. APPROVED FOR PROCUREMENT BY [Signature] DATE

CHIEF EXECUTIVE OFFICER

CHIEF MEDICAL OFFICER
CHITUNGWIZA CENTRAL HOSPITAL
10 MAY 2024
P.O. BOX CZA 245
CHITUNGWIZA ZIMBABWE

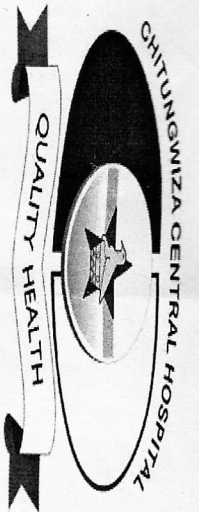
FOR PROCUREMENT OFFICE ONLY PFMS INPUTTING

- 7. PURCHASE REQUISITION NUMBER DATE
- 8. REQUEST FOR QUOTATION NUMBER
- 9. ASSET NUMBERS
- 10. PURCHASE ORDER NUMBER DATE

Request received by Procurement office on by

THE PROCUREMENT DEPARTMENT WILL ONLY ACCEPT AND PROCESS REQUESTS FOR PURCHASES THAT ARE SUPPORTED BY FUNDS. MAKE SURE THE VOTE ALLOCATION SECTION (SECTION 5) IS COMPLETED BY ACCOUNTS DEPARTMENT BEFORE YOU PRESENT YOUR REQUEST FOR PROCESSING.

THANK YOU FOR YOUR COOPERATION.



CHITUNGWIZA CENTRAL HOSPITAL

USER REQUIREMENTS AND SPECIFICATIONS FORM (Addendum to Request for Goods and/or Service Form)

NAME OF DEPARTMENT/UNIT: MAJIN STORES

Budget Reference Line Note or Donor	Item Description	Quantity as per Purchase Plan	Specifications (neutral or generic unless justified brands)	Budgeted Cost / Estimated Cost		Expected Delivery Date / Time	Remarks
				Unit Cost	Total Cost		
	Slitting Book Stamp	60					
	Overseas Book Stamp	140					
	AV Diaries	100					
	KS Diaries	100					
	Water Books	1000					
	ISSUE Voucher Book	800					
	VEHICLE Log Books	50					
	Processed Cards	40000					
	STOCK Cards	20000					
	ICM CARDS	6000					

Overall Purpose of Goods/Services: STATIONERY

Prepared By: R. Mubheka Signature: [Signature] Date: 06/05/24

Recommended by HOD: M. Mahumane Signature: [Signature] Date: 06/05/24

MUNDEGA Signature: [Signature] Date: 07/15/24

NB: THIS FORM MUST ALWAYS ACCOMPANY THE REQUEST FOR GOODS AND/OR SERVICE FORM AND SHOULD BE ATTACHED AS A PORTRAIT.