

ORIGINAL

G

Accountant's date-stamp

PLEASE PRINT To PRINTFLOW
P. O. Box
BULAWAYO

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.	Allocation	FOR OFFICIAL USE		\$	c
	Invoice No.	Allocation				
	Invoice No.	Allocation				
	Invoice No.	Allocation		H.S.F		
	Invoice No.	Allocation				
	Invoice No.	Allocation				
TOTAL						

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
10	Each Death Registers @ \$163.43				
2	Each Self-inking Date Stamps @ \$69.00				
GRAND TOTAL = \$1,772.33 USD					
ONE THOUSAND SEVEN HUNDRED AND SEVENTY TWO DOLLARS & THIRTY THREE CENTS.					

Period covered by this Requisition JUNE 2024

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

Signed R. Cambiza

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

TBR or other authority DP035/2024

Requisitionist's date-stamp
**UNITED BULAWAYO HOSPITALS
 PROCUREMENT MANAGEMENT UNIT**
10 JUN 2024
 P.O. BOX 958, BULAWAYO
 ZIMBABWE

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

Certified correct Date

Passed for payment Date

Priz-2024-901 NCO-7894

INTERNAL ORDER FORM

UNITED BULAWAYO HOSPITAL
 P O Box 958
 ASCOT
 Bulawayo

Successful Bidder's
 Name & Address
 PRINTFLOW

094243-9

Cost Centre...
 Vote No...

Date 06/06/2024

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		

Request for Quotations	Tick	National Competitive Tender	Tick	International Competitive Tender	Tick	Restricted Tender	Tick	Direct Purchase (or Backup Service)	Tick
Construction works	≤ US\$20,000	≤ US\$200,000.00							
Goods	≤ US\$10,000	≤ US\$100,000.00							
Consultancy & Non Cons. 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
N/A	DP035/2024	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
1		10	Each	Death Registers	\$163.43	\$1,634.33
2		2	Each	Self-inking Date Stamps	\$69.00	\$138.00
PURPOSE OF GOODS: Health Information					SUB TOTAL	\$1,772.33 USD
					VAT	-
					TOTAL	\$1,772.33 USD

MEMBERS OF THE EVALUATION COMMITTEE

HOD M. Mubelala End User SAS
 Procurement Officer [Signature]
 Finance Officer C. Mardumbe

COMMENTS/ REMARK

Direct purchase was done to Printflow because it is the only company which supply security stationery items to all government institutions. The committee recommends that order be awarded to Printflow

CHECKED BY DBPS [Signature]
 DEPUTY DIRECTOR PROCUREMENT
 10 JUN 2024
 P.O. BOX 958, BULAWAYO
 ZIMBABWE

APPROVED BY: Accounting Officer [Signature]

CHIEF MEDICAL OFFICER
 UNITED BULAWAYO HOSPITALS
 10 JUN 2024
 P.O. BOX 958, BULAWAYO
 ZIMBABWE

**UNITED BULAWAYO HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

Minutes of Request for Quotation Tender Evaluation held on the in the Procurement Management Unit
Tender DP035/2024

1. The tender evaluation was as follows:

ITEM	Qty	Uom	DESCRIPTION	Printflow	Recommended bidder	Total Price
1	10	Each	Death Registers	\$163.43	Printflow	\$1,634.33
2	2	Each	Self-linking Date Stamps	\$69.00	Printflow	\$138.00
			VAT			--
			Grand total			\$1,772.33 USD

EVALUATION COMMITTEE MEMBERS

HOD M. ISHLELAHA Signature: [Signature]

End User S. Tanyanya Signature: [Signature]

Finance C. M. M. M. M. Signature: [Signature]

Procurement Officer [Signature] Signature: [Signature]

Committee Recommendations

Direct purchase was done to Printflow because it is the only company which supply security stationery items to all government institutions. The committee recommends that order be awarded to Printflow

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

APPROVED BY:

[Signature]
CHIEF MEDICAL OFFICER
Dr W. BUSUMANI
For United Bulawayo Hospital

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS
10 JUN 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

DEPUTY DIRECTOR PROCUREMENT
UNITED BULAWAYO HOSPITALS
10 JUN 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

**UNITED BULWAYO HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON 10/06/2024
Tender Number HP035/24 **Description** Death Request for Date stamps

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. 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.	<table border="1"> <tr> <td data-bbox="1157 1825 1204 2072">Signature</td> <td data-bbox="1157 2072 1305 2072">Date</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>State Company(s)</td> <td>Signature & Date</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Signature	Date			State Company(s)	Signature & Date		
Signature	Date										
											
State Company(s)	Signature & Date										
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. 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.	<table border="1"> <tr> <td data-bbox="805 1825 853 2072">Signature</td> <td data-bbox="805 2072 1157 2072">Date</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>State Company(s)</td> <td>Signature & Date</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Signature	Date			State Company(s)	Signature & Date		
Signature	Date										
											
State Company(s)	Signature & Date										
3 Mr./Mrs.	Head Requiring Services	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. 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.	<table border="1"> <tr> <td data-bbox="470 1825 518 2072">Signature</td> <td data-bbox="470 2072 805 2072">Date</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>State Company(s)</td> <td>Signature & Date</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Signature	Date			State Company(s)	Signature & Date		
Signature	Date										
											
State Company(s)	Signature & Date										

Printflow

SHOP NO 3 TSHAKA CENTRE
FIFE STREET BTWN 10TH &
11TH AVE
Tel: 0292 882 887/ 74135/ 67960

Printflow Private Limited

QUOTATION

Date: 16/05/2024

UBH HOSP

Printflow :VAT number : 10017268
:BP number : 200026573
:Praz Reg No. 2024-901-NCO-7899

Date Stamp

RE: QUOTATION FOR ITEMS BELOW

We have pleasure in submitting the following quotation as per your request.

Qty	Description	Unit Value in USD	Total Value USD
2	Self-inking date stamps	69	\$ 138

N.B

- (1) *Vat 15% included in total value.*
- (2) *Full payment required before production*
- (3) *Quotation valid for 30 days*
- (4) *Delivery period – 10 working days from date of approval of proofs*

We trust the above meets your approval and look forward to your speedy consideration.

Thank you.

A Mapungwana 0782640957
Stores Supervisor (Sales)



Printflow

SHOP NO 3 TSHAKA CENTRE
FIFE STREET BTWN 10TH &
11TH AVE
Tel: 0292 882 887/ 74135/ 67960

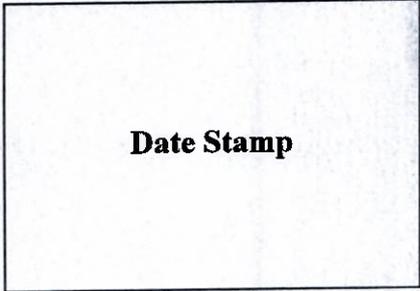
Printflow Private Limited

QUOTATION 50197

Date: 16/05/2024

UBH Hospital

Printflow :VAT number : 10017268
:BP number : 200026573
:Praz Reg No. 2024-901-NCO-7899



RE: QUOTATION FOR ITEMS BELOW

We have pleasure in submitting the following quotation as per your request.

Qty	Description	Unit Value in USD	Total Value USD
10	A3 Registers (300lfs-600pages printed on cartridge, full case bound-gold foiled)	163.43	\$ 1634.33

PROCUREMENT MANAGEMENT UNIT
QUOTATIONS
UNITED BULAWAYO HOSPITALS
1 / MAY 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

N.B

- (1) Vat 15% included in total value.
- (2) Full payment required before production
- (3) Quotation valid for 30 days
- (4) Delivery period – 10 working days from date of approval of proofs

We trust the above meets your approval and look forward to your speedy consideration.

Thank you.
A Mapungwana 0782640957
Stores Supervisor (Sales)



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: Printflow (Pvt)Ltd

Trade Name: Printflow

Issued on: 16/01/2024

Authentication Code: 47083569

The authentication and validity of this certificate must be validated on ZIMRA page: mytax.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



UNITED BULAWAYO HOSPITALS
PROCUREMENT MANAGEMENT UNIT

DIRECT PROCUREMENT FORM

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY REQD	DDP UNIT PRICE + VAT	Expected Delivery Time
DP35/2024	Death Registers	Each	10		5 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 US\$ price and must be valid for 60 working days from closing date of tender
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 reserves the right to accept not necessarily the lowest bidder

CLOSING DATE & TIME IS ON 17 May 2024 @10:30 AM

DP 035/24

203096



ZIMBABWE

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 Stores
Health Information

DESCRIPTION OF GOODS AND SERVICES

Kindly purchase death registers x 10.

Estimated/Actual cost:

Compiled by: S. Sibya Signature: [Signature] Date: 17/01/24

H.O.D. S. Ndlovu Signature: [Signature] Date: 17/01/24

ACCOUNTANT

Vote allocation: GL code Cost code: Balance:

Signature: [Signature] Date: 17/01/2024

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

Signature: [Signature] Date: 18/01/24

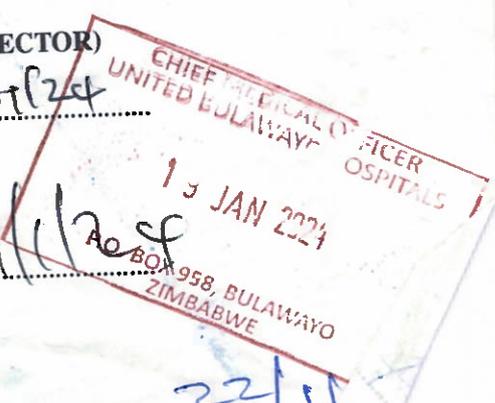
AUTHORISED BY THE ACCOUNTING OFFICER

Signature: [Signature]

Recommended by Procurement Management Unit

Deputy Director Procurement: [Signature]

Received on: 22/1/24



UNITED BULAWAYO HOSPITALS
PROCUREMENT MANAGEMENT UNIT

DIRECT PROCUREMENT FORM

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY REQD	DDP UNIT PRICE + VAT	Expected Delivery Time
DP35/2024	Date Stamps	Each	2		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 US\$ price and must be valid for 60 working days from closing date of tender
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 reserves the right to accept not necessarily the lowest bidder

CLOSING DATE & TIME IS ON 17 May 2024 @10:30 AM

**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
DP035/2024	Self-Inking date stamps		2		7 Days
DP035/2024	Death Registers		10		7 Days

INSTRUCTIONS, TERMS AND CONDITIONS

- Bidders must clearly indicate the tender number on each bids or quotation
- The bid clearly stating the unit price inclusive of VAT
- Attach valid Tax clearance certificate and CR14.
- Proof of registration with Procurement Regulatory Authority of Zimbabwe (PRAZ)
- Other charges must be included in the bid price. No submissions will be considered for any discovered omissions.
- All bids must be in USD and payable in ZWL
- Tenders should be deposited in the tender box in the PMU Department or emailed to procurement
- Late submission would not be accepted.
- The hospital reserve the right to accept not necessarily the lowest bidder
- Late submission would not be accepted
- The hospital reserves the right to accept not necessarily the lowest bidder.
- Direct purchase has to be done to Printflow the supplier of receipt books and date stamps in government institution

CLOSING DATE & TIME IS ON 24/04/2024 @10:30AM

CHECKED BY DDPS 

APPROVED BY: Accounting Officer 

UNITED BULAWAYO HOSPITALS
DEPUTY DIRECTOR PROCUREMENT

23 APR 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS

25 APR 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

1)

UNITED BULAWAYO HOSPITALS
MEDICAL RECORDS
Health Information
02 JAN 2024
P. O. BOX 958, BULAWAYO
ZIMBABWE

2)

UNITED BULAWAYO HOSPITALS
~~MEDICAL RECORDS~~
Health Information
Birth Records.
02 JAN 2024
P. O. BOX 958, BULAWAYO
ZIMBABWE

→ Birth & deaths records.

United Bulawayo Hospitals
Health Information
Birth and deaths.

Birth / death office

Printflow

SHOP NO 3 TSHAKA CENTRE
,FIFE STREET BTWN 10TH &
11TH AVE
Tel: 0292 882 887/ 74135/ 67960

Printflow Private Limited

QUOTATION 50197

Date: 19/04/2024

UBH

Printflow :VAT number : 10017268
:BP number : 200026573
:Praz Reg No. 2024-901-NCO-7899



RE: QUOTATION FOR ITEMS BELOW

We have pleasure in submitting the following quotation as per your request.

Qty	Description	Unit Value in USD	Total Value USD
10	A3 Death Registers (300lfs-600pages printed 3clrs on cartridge, full case bound-gold foiled)	163.43	\$ 1 634.33

N.B

- (1) *Vat 15% included in total value.*
- (2) *Full payment required before production*
- (3) *Quotation valid for 30 days*
- (4) *Delivery period – 10 working days from date of approval of proofs*

We trust the above meets your approval and look forward to your speedy consideration.

Thank you.
A Mapungwana 0782640957
Stores Supervisor (Sales)

Printflow

SHOP NO 3 TSHAKA CENTRE
FIFE STREET BTWN 10TH &
11TH AVE
Tel: 0292 882 887/ 74135/ 67960

Printflow Private Limited

QUOTATION 50291

Date: 19/04/2024

UBH

Printflow :VAT number : 10017268
:BP number : 200026573
:Praz Reg No. 2024-901-NCO-7899



RE: QUOTATION FOR ITEMS BELOW

We have pleasure in submitting the following quotation as per your request.

Qty	Description	Unit Value in USD	Total Value USD
2	Self inking date stamps	69.00	\$138.00

N.B

- (1) *Vat 15% included in total value.*
- (2) *Full payment required before production*
- (3) *Quotation valid for 30 days*
- (4) *Delivery period – 10 working days from date of approval of proofs*

We trust the above meets your approval and look forward to your speedy consideration.

Thank you.
A Mapungwana 0782640957
Stores Supervisor (Sales)



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 Stores/Health Information

DESCRIPTION OF GOODS AND SERVICES

Purchase of x 2 date stamps for Health information
* Current one outdated

See attached copy of specifications

Estimated/Actual cost:

Compiled by: S. Nkomo Signature: S. Nkomo Date: 04/01/24

HA: S. Mafema Signature: S. Mafema Date: 04/01/24

ACCOUNTANT

Vote allocation: GL code Cost code: Balance:

Signature: [Signature] Date: 04/01/2024

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

Signature: [Signature]

Date: 22/01/2024
OFFICER
UNITED BULAWAYO HOSPITALS

AUTHORISED BY THE ACCOUNTING OFFICER

Signature: [Signature]

Date: 23/01/2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

Recommended by Procurement Management Unit

Deputy Director Procurement: [Signature]

Received on: 24/1/24