### INTERNAL ORDER FORM

095714

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

Date 26/08/2024

P O Box 958

on. Cuctio, wo.

Consultante Bulawayo

Conde

Cons. Gav.

Vote No...

Incit. Proc PREV. BAL...... AMT COMMITTED

UNITED BULAWAYO HOSPITAL

VOTE BALANCE.....

| NATURE | OF TENDER | AND CURRENT | LIMITS |
|--------|-----------|-------------|--------|
|        |           |             |        |

| ORDER VALUES SU                  | JBJECT TO              |              |                                   |         |  |          | NAT.                 |      |   | Yes                           | No               |
|----------------------------------|------------------------|--------------|-----------------------------------|---------|--|----------|----------------------|------|---|-------------------------------|------------------|
| REVIEW BY SPOC                   | WILL EXCEE             | ED           | Construction wor                  | ks      |  |          | ≥ US\$200,000        | 0.00 |   |                               |                  |
| THE ABOVE THRE                   |                        |              | Goods                             |         |  |          | ≥US\$100,000         | 0.00 | 7                                       |                               |                  |
| CLASS C CATEGOI                  | RY                     |              | Consultancy & No                  | n-co    | nsultancy servi                        | ces      | ≥US\$50,000.         | .00  |   |                               |                  |
| Pose 6                           | Request for Quotations | Ti<br>c<br>k | National<br>Competitive<br>Tender | T i c k | International<br>Competitive<br>Tender | Ti<br>ck | Restricted<br>Tender | Tick | 100000000000000000000000000000000000000 | ct Purchase<br>Backup<br>ice) | T<br>i<br>c<br>k |
| Construction works               | ≤<br>US\$20,000        |              | ≤US\$200,000.00                   |         |  |          |                      |      |   |                               |                  |
| Goods                            | ≤<br>US\$10,000        |              | ≤US\$100,000.00                   |         |  |          |                      |      |   |                               |                  |
| Consultancy & Non Cons. services | ≤US\$5,000             |              | ≤US\$50,000.00                    |         |  |          |                      |      | Tay o                                   |                               |                  |

ORDER TRACKING RECORD

| A STATE OF THE PARTY OF THE PAR |                          | JADDIK HUICIKII | GILDCORD    |             |         |
|--|--------------------------|-----------------|-------------|-------------|---------|
| Indiv. Proc. Ref. No.  | Tender No                | Annual Qty      | Outstanding | Qty Ordered | Balance |
|  | 354                      |                 | order Qty   |             |         |
|  | RFQ <del>308</del> /2024 |                 |             |             |         |

### CURRENT ORDER INFORMATION

(See attached Detailed Comparative Schedule)

| Item | I. P.<br>Ref. No. | Order<br>Oty | Unit<br>Size | Description of Goods        | Unit Price Inc.<br>VAT(USD) | Total Price Inc.<br>VAT(USD) |
|------|-------------------|--------------|--------------|-----------------------------|-----------------------------|------------------------------|
|      | 8E 38             | 2000         | each         | Lignocaine Hydrochloride 2% | 3.12                        | 6240.00                      |
| wrpa | se of goo         | ds: PHA      | RMAC         | (                           |                             | 6240.00                      |
|      |                   |              |              |                             | VAT                         |                              |
|      |                   |              |              |                             | TOTAL                       | 6240.00                      |

### MEMBERS OF THE EVALUATION COMMITTEE

| Responsible HOD | W. Saravion  |
|-----------------|--------------|
|                 | 2 11 1. h. l |

End user/Other Officer ... Sankelel

Procurement Officer C. MAWY

Finance Officer ....

Mandrant

### COMMENTS/ REMARKS ...

Companies were invited to tender through egp system and 4 companies managed to submit their quotations and order was given to RATIONAL.



APPROVED BY: CHIEF MEDICAL OFFICER.

CHIEF MEDICAL OFFICER UNITED BULAWAYO HOSPITALS

2 7 AUG 2024

P.O. BOX 958, BULAWAYO ZIMBABWE

UNITED BULAWAYO HOSE TALS DEPUTY OLRECTOR PROCUREMENT

2 7 MUG 2024

P.O. BOY SEE BULANAYO

### PULLED BRIDGING HOSPITAL

## PROCUREMENT MANAGEMENT UNIT

LINE LITTLE DUILLY LE VILLE DONA 1917年11日 11日本人的海南部 人名巴尔尔

" TELECOPHIA MAN BUT

Minutes of Request for Quotation Tender Evaluation held on the..... 

Tender No RFQ334/2024

Closing date of the tender:

Meeting commenced at

1. The tender evaluation was as follows:

|                 |                   |        |          | The second secon |                                |                                |           | )    |      |
|-----------------|-------------------|--------|----------|--|--------------------------------|--------------------------------|-----------|------|------|
| 6240.00         |                   |        |          |  |                                | Grand Total                    |           |      |      |
| 6240.00         | RATIONAL          | 5.50   | 3.12     | 4.90   | 35.75                          | Lignocaine<br>Hydrochloride 2% | 2000 Each | 2000 | -    |
| TOTAL PRICE USD | RECOMMENDED PRICE | LABMED | RATIONAL | SILVERCORE   | PHARMADIST SILVERCORE RATIONAL | ITEM QT UOM DESCRIPTION        | MOU       | ≺QT  | ITEM |

Committee Recommendations

RATIONAL. Companies were invited to tender through egp system and 4 companies managed to submit their quotations and order was given to

APPROVED BY:

End User/ Other Officer S. Needla 

> Signature..... Signature 300

Signature..... Signature.....

Process checked By Deputy Director Procurement Services: Mr E.Sihlahla CECUTE UNITED BULLAND ON BEPUT FOR ECTOR PROCUREMENT.

P.O. BOY 958 BULAWAYO

CHIEF MEDICAL OFFICER Dr W.BUSUMANI

For United Bulawayo Hospital

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS P.O. BOX 958, BULAWAYO 2 7 AUG 2024

# UNITED BULAWAYO HOSPITAL

DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON ...... PROCUREMENT MANAGEMENT UNIT

Description

Tender Number

|                  |   | ω<br><b>≤</b>  |   | 100              | 0.01.32   | 2  |   |   |  | -/-                 | 3 3              | _ |
|------------------|---|--|---|------------------|---|--|---|---|--|---------------------|------------------|---|
|                  |   | Mr/Mrs   |   |                  |   | Mr/Mrs   |   |   | •  |                     | Mr/Mrs           |   |
|                  |   | Head Requiring Services  |   |                  |   | Member Finance   |   |   |  | Officer/ Assistant  | Procurement      | 7 |
|                  | on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital. | I have no pecuniary or other personal interest(s), directly or indirectly, in any of the companies that participated in tenders to be deliberated. | as an Evaluation Committee member of the hospital.  I, therefore, recuse myself from all procurement proceedings. | to be            | on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital. | I have no pecuniary or other personal interest(s), directly or indirectly, in any of the companies that participated in tonders to be deliberated. | I, therefore, recuse myself from all procurement proceedings. | I have pecuniary or other personal interest(s), directly or indirectly, in one or all of the companies that participated in tenders to be | Evaluation Committee member of the hospital. |                     |                  |   |
| Yes              |   | No   |   | Yes              |   | No   |   | Yes   |  | , and a             |                  |   |
| State Commanufel | 1 2   | Signat   |   | State Company(s) | Bond rander   | Signat   |   | State Company(s)  |  | C.MAMA              | Signat           |   |
| Signature & Date | 4480135   | Signature & Date   |   | Signature & Date | 26/8/24   | Signature & Date   |   | Signature & Date  |  | C. MANIATO abjox/24 | Signature & Date |   |

|   | Section 1   |   | <u> </u>   |  | 245   | 3.0  |
|---|---|---|--|--|---|--|
|   |   |   |  | 4  |   |  |
| 1   |   |   |  | N.   | · 特別  |  |
|   |   |   |  | Mr/Mrs   |   | CHICAGO  |
|   |   |   |  |  |   |  |
|   |   |   |  |  |   | · 持续扩充   |
|   |   |   |  |  | 1   |  |
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|   |   |   | head   | End  |   | 317.00   |
|   |   | 3 1   |  | user/  |   |  |
|   |   |   |  | End user/Other   | LIE   |  |
|   |   |   | -  |  |   | a o o =  |
| I, therefore, recuse myself from all procurement proceedings. | deliberated on this day that raises or may raise conflic<br>as an Evaluation Committee member of the hospital.              | l hav   | on this day that raises or may raise conflict with my Evaluation Committee member of the hospital. | hav  | I, therefore, recuse myself from all procurement proceedings. | I have pecuniary or other personal interest(s), directly bried one or all of the companies that participated inctends deliberated on this day that raises or may raise conflict with as an Evaluation Committee member of the hospital.  |
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|   | 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 | duties as  | I have no pecuniary or other personal interest(s), direct or indirect, in  |   | I have pecuniary or other personal interest(s), directly briad really, mone or all of the companies that participated inchanders it abeliated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital.  |
|   |   | Yes   |  | S  |   | 7 3  |
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|   |   | State Company(s)  | íA   |  | 5   | DIELE<br>DIELE   |
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|   |   | npan  | 10   |  | 3411  | APPL   |
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| -   |   |   |  | Signature & Date   | 2   | ISOMONE RESIDENCE TO A CONTROL OF STATE OF THE CONTROL OF STATE OF THE CONTROL OF STATE OF THE CONTROL OF THE C |
|   | 37.2  | Signature & Date  | K3   | ure &  | - 27  | Control of the contro |
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|   |   |   | 26/08/24   |  |   | 455  |
|   |   |   | V  |  |   |  |
|   |   |   |  |  |   |  |

Confirmed by:

E. Sihlahla

Deputy Director Procurement Services

UNITED BULLANAYO HOSPITALS DEPUTY DI RECTOR PROCUREMENT

P.O. 80 / 858 BOUAWAYO

Tender Id Organization Name

5804

Address Email RATIONAL SCIENTIFIC
CORNER SAMUEL PARIRENYATWA AND
LEOPOLD TAKAWIRA
ratiescie06@gmail.com 6240

| Total = 6240.000 |           |                  |                             |  |                         |         |
|------------------|-----------|------------------|-----------------------------|--|-------------------------|---------|
|                  | 711.0     | 2000 Facil       | Lignocaine nydrochioride 2% | 51000000 Drugs and Pharmaceutical Products | 5100000                 |         |
| 62               | 2 12      | 2000 Each        | 100 chinalda 100            |  | l                       | Item No |
| I Oral Mare      | Onicerice | Quantity   OOIVI | Lot Description             | Lot Name                                   |                         | in No   |
| Total Date       |           | 2                |                             |  | tatiescieoo@giiidii.com | maii    |

5804

Organization Name Labmed Trading P/L
Address 192 Chihombe Road Unit 8 Ruwa Tender Id

Email

Item No labmedmarketing@gmail.com
UNSPSC Code 51000000 Drugs and Pharmaceutical Products Lot Name Lignocaine hydrochloride 2% Lot Description Quantity UOM Unit Price 2000 Each 5.5

Total = 11000.0000

**Total Rate** 

11000

Tender Id Organization Name Address

SILVERCORE INVESTMENTS PVT LTD 22 POTE STREET NEW MABVUKU

| <u> </u>                                  | 160111110  | Item No         | Email                                   |                            |
|---|--|-----------------|---|----------------------------|
| DODOOTS                                   | 7,00000  | UNSPSC Code     | High all Act Coll Cillage Pringing con- | med silvercorems@gmail.com |
| O'DIUES dilu riidiiiideedalaa i i oodaasa | rangonno Drugg and pharmaceutical Products lignocaine hy | Lot Name        |   |                            |
|   | l ignocaine hydrochloride 2%                             | Lot bescribtion | lat Description                         |                            |
|   | 2000 Each  | Country Com     | Quantity   UOM                          |                            |
|   | 4.9  |                 | Unit Price                              |                            |
| Total = 9800 0000                         | 0086   | 2000            | Total Rate                              |                            |

Tender Id

Organization Name PHARMADIST PVT LTD
BAY 2 HARROW ROAD 255 MARTIN DRIVE

MSASA HARARE

Address Item No admin@pharmadist.co.zw UNSPSC Code Lot Name
51000000 Drugs and Pharmaceutical Products Lot Description Lignocaine hydrochloride 2% Quantity UOM Unit Price 2000 Each 35.75 Total = 71500.0000

5804

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. ROY 958

P.O. BOX 958
BULAWAYO
ZIMBABWE



ZIMBABWE

RBF

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

ZIMBABWE

| REQUEST FOR GOODS AND SERVICES FORM  | No.        |
|--|------------|
| DEPARTMENT REQUESTING Pharmacy   |            |
| DESCRIPTION OF GOODS AND SERVICES  |            |
| Kindly procure the following which are unavoidable at Notpharm   |            |
|  |            |
| Sevoplurare x 250 ml X 50<br>Lignocain e Hydrichloride 290 2000 100 U  | /          |
|  | •••        |
|  | •••        |
| 3' - 24ti  |            |
| Estimated/Actual cost:  Compiled by:  H.O.D.  Estimated/Actual cost:  Output  Signature:  Signature:  Date:  Date: | 2 <u>c</u> |
| ACCOUNTANT   | ••••       |
| Vote allocation: GL code   |            |
| APPROVED BY DIRECTOR OF (FINANCE/OPERATIONS/CLINICAL DIRECTOR)  Date  Date   |            |
| Signature  |            |
| AUTHORISED BY THE ACCOUNTING OFFICER  Signature: Date:   |            |
| Received on: Received on:  |            |
| Deputy Director Procurement:   |            |