

ORIGINAL

G

Accountant's date-stamp

PLEASE
PRINT

To

Rational Scientifics
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.												
	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
2000	Each Lignocaine Hydrochloride 290				
	@ \$3.12				
	Grand total six thousand two hundred				
	and forty dollars only				
	\$6 240.00 USD				

Period covered by this Requisition	August 2024	TBR or other authority	RFQ334/2024	Sub-total	
I certify that these stores/services are required for the purpose of:		Requisitionist's date-stamp		Less discount	
		UNITED BULAWAYO HOSPITALS		Sub-total . . .	
		PROCUREMENT MANAGEMENT UNIT		Plus sales-tax . . .	
		27 AUG 2024		Sub-total . . .	
		P.O. BOX 958, BULAWAYO		Plus carriage . . .	
		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

Date

Certified correct Date

Passed for payment Date

INTERNAL ORDER FORM

Grade UNITED BULAWAYO HOSPITAL
P O Box 958
Consultant Bulawayo
Cons. servi

095114

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

Date 26/08/2024

Vote No...

Indiv. Proc. PREV. BAL..... AMT COMMITTED VOTE BALANCE.....
NATURE OF TENDER AND CURRENT LIMITS

ORDER VALUES SUBJECT TO REVIEW BY SPOC WILL EXCEED THE ABOVE THRESHOLDS – CLASS C CATEGORY			NATURE OF TENDER AND CURRENT LIMITS						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
	334 RFQ308/2024				

CURRENT ORDER INFORMATION
(See attached Detailed Comparative Schedule)

Item	I. P. Ref. No.	Order Qty	Unit Size	Description of Goods	Unit Price Inc. VAT(USD)	Total Price Inc. VAT(USD)
1		2000	each	Lignocaine Hydrochloride 2%	3.12	6240.00
Purpose of goods: PHARMACY						6240.00
					VAT	
					TOTAL	6240.00

MEMBERS OF THE EVALUATION COMMITTEE

Responsible HOD W. Solomon

End user/Other Officer S. Nkomo

Procurement Officer C. Mawya

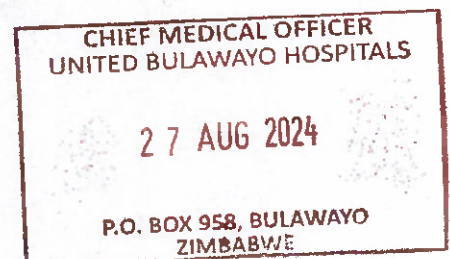
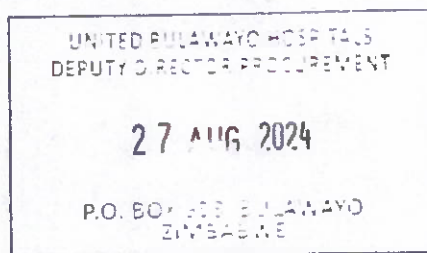
Finance Officer C. Mandirau

COMMENTS/ REMARKS ...

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

CHECKED BY DDPS

APPROVED BY: CHIEF MEDICAL OFFICER



**UNITED BULAWAYO HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

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

Tender No RFQ34/2024

Closing date of the tender:

Meeting commenced at

1. The tender evaluation was as follows:

ITEM	QTY	UOM	DESCRIPTION	PHARMADIST	SILVERCORE	RATIONAL	LABMED	RECOMMENDED PRICE	TOTAL PRICE USD
1	2000	Each	Lignocaine Hydrochloride 2%		35.75	4.90	3.12	5.50	6240.00
			Grand Total						6240.00

Committee Recommendations

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

EVALUATION COMMITTEE MEMBERS

Responsible HOD..... W. Solomon
 End User/ Other Officer..... S. Nkomo
 Member Finance..... C. Mawanda
 Procurement Officer..... C. Mawanda

Signature..... [Signature]
 Signature..... [Signature]
 Signature..... [Signature]
 Signature..... [Signature]

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

[Signature]

UNITED BULAWAYO HOSPITAL
DEPUTY DIRECTOR PROCUREMENT

APPROVED BY:

[Signature]

CHIEF MEDICAL OFFICER
Dr W.BUSUMANI
For United Bulawayo Hospital

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS
27 AUG 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

UNITED BULAWAYO HOSPITAL
DEPUTY DIRECTOR PROCUREMENT
22 AUG 2024
P.O. BOX 958 BULAWAYO
ZIMBABWE

UNITED BULAWAYO HOSPITAL

PROCUREMENT MANAGEMENT UNIT

DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON

Tender Number

Description

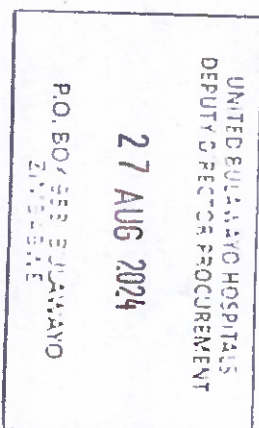
Name	Designation	**Indicate your appropriate declaration**	Signature & Date	
1 Mr/Mrs	Procurement Officer/ Assistant	I have no pecuniary or other personal interest(s), directly or indirectly, in any of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital.	No	C. Mthunzi 26/08/24
		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.		
2 Mr/Mrs	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	Signature & Date Bundanda 26/08/24
		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.		
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	Signature & Date 26/08/24
			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. I, therefore, recuse myself from all procurement proceedings.		Signature & Date	
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.	No	S/Nkpa 26/08/2024	
			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. I, therefore, recuse myself from all procurement proceedings.	Yes	State Company(s)	Signature & Date

Confirmed by:

E. Sihlahla

Deputy Director Procurement Services



5804

PHARMADIST PVT LTD

BAY 2 HARROW ROAD 255 MARTIN DRIVE

MSASA HARARE

Email admin@pharmadist.co.zw[illegible]

203195

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



ZIMBABWE

RBF

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

REQUEST FOR GOODS AND SERVICES FORM

DEPARTMENT REQUESTING Pharmacy

DESCRIPTION OF GOODS AND SERVICES

Kindly procure the following which are
unavailable at Netpharm

Sevoflurane x 250 ml

Lignocaine Hydrochloride 2% 200X 100 ✓ X 50 ✓

Estimated/Actual cost:

Compiled by: D. MusabaganaSignature: [Signature]Date: 06/05/2024

H.O.D.:

T. HoveSignature: [Signature]Date: 09/05/24

ACCOUNTANT

Vote allocation: GL code

Cost code:

Balance:

Signature: [Signature]Date: 15/05/2024

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

Signature: [Signature]Date: 15/05/2024

AUTHORISED BY THE ACCOUNTING OFFICER

Signature: [Signature]Date: 16/05/2024

Recommended by Procurement Management Unit

Deputy Director Procurement: [Signature]Received on: 14/08/24