

ORIGINAL

Accountant's date-stamp

G

PLEASE
PRINT

To

Rational Scientific
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	

		To be completed by supplier			
Quantity	Description and other details—tenders, etc.	Qty. supplied	@	\$	c
4000	Metronidazole 500mg 14j @ \$0.63 each				
	Grand total two thousand five hundred and twenty dollars only				
	\$ 2 520.00 USD				

Period covered by this Requisition

August 2024

TBR or other authority

RFQ331/2024

Sub-total

Less discount

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

Hospital use
(Pharmacy)

Signed

D. Dlamini

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

Requisitionist's date-stamp

UNITED BULAWAYO HOSPITALS
PROCUREMENT MANAGEMENT UNIT

27 AUG 2024

P.O. BOX 958, BULAWAYO
ZIMBABWE

Sub-total . . .

Plus sales-tax . . .

Sub-total . . .

Plus carriage . . .

TOTAL

Certified correct Date

Passed for payment Date

INTERNAL ORDER FORM

Good: UNITED BULAWAYO HOSPITAL
P O Box 958
Consultant: Bulawayo
Cons. Serv:

095713 G

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

Date 26/08/2024

Vote No...

Inv. Proc. Ref. No. 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				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

Inv. Proc. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
	RFQ331/2024				

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	4x	54000	each	Metronidazole 500mg inj.	0.63	2520.00
Purpose of goods: PHARMACY					VAT	2520.00
					TOTAL	2520.00

MEMBERS OF THE EVALUATION COMMITTEE

Responsible HOD W. Solomon

End user/Other Officer Sokule

Procurement Officer C. Manyup

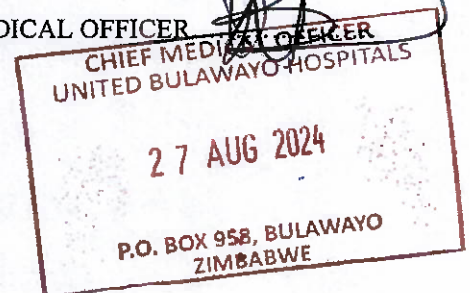
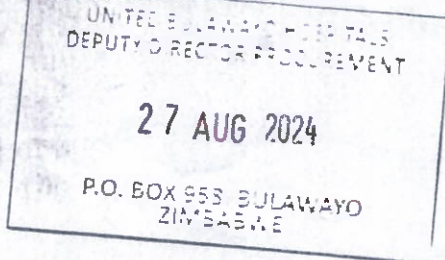
Finance Officer C. Mardink

COMMENTS/ REMARKS ...

Companies were invited to tender through egp system and 3 companies managed to submit their quotations and order was given to RATIONAL.

CHECKED BY DDPS [Signature]

APPROVED BY: CHIEF MEDICAL OFFICER [Signature]



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

Tender No RFQ331/2024 Closing date of the tender: Meeting commenced at

1. The tender evaluation was as follows:

ITEM	QTY	UOM	DESCRIPTION	WMT	LABMED	RATIONAL	PHARMADIST	RECOMMENDED PRICE	TOTAL PRICE USD
1	4000	Each	Metronidazole 500mg inj	1.90	50	0.63	16.60	RATIONAL	2520.00
			Grand Total						2520.00

Committee Recommendations

Companies were invited to tender through egg system and 3 companies managed to submit their quotations and order was given to RATIONAL.

EVALUATION COMMITTEE MEMBERS\

Responsible HOD.....*W. S. S. S. S.*
 End User/ Other Officer.....*S. N. N.*
 Member Finance.....*C. M. M.*
 Procurement Officer:.....*C. M. M.*

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

Process checked By Deputy Director Procurement Services: Mr E. Sihlahla.....*[Signature]*
 APPROVED BY:

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

DEPUTY DIRECTOR PROCUREMENT
 27 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.M. MANDATO 26/8/2024
		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.	Yes	State Company(s) Signature & Date
2 Mr/Mrs	Member Finance	I, therefore, recuse myself from all procurement proceedings.	No	Signature & Date
		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
3 Mr/Mrs	Head Requiring Services	I, therefore, recuse myself from all procurement proceedings.	No	Signature & Date
		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
			Yes	State Company(s) Signature & Date

			I have pecuniary or other personal interest(s), direct or indirect, 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.			
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	Signature & Date Skader 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

27 AUG 2024
P.O. BOX 353, EJURAAYO
ZIMBABWE

**UNITED BULAWAYO HOSPITALS
PROMENT MANAGEMENT UNIT**

REQUEST FOR DIRECT QUOTATION FORM

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY	UNIT PRICE + VAT	DELIVERY TIME
RFQ331/2024	Metronidazole 500mg inj.	each	4000		1 week

INSTRUCTIONS, TERMS AND CONDITION

1. Bidders must clearly indicate the **tender number** on each bids or quotation
2. All items must be quoted on the same sheet of paper, the bid clearly stating the **unit price inclusive of VAT**
3. N.B Attach valid **Tax clearance certificate, PRAZ 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 ZIG price** and payable in ZIG, 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. Late submission would not be accepted.
10. The hospital reserve the right to accept not necessarily the lowest bidder

5826

WMT Pharmaceuticals P/L

Bay 5-59A Steven Drive Msasa

admin@wmtpharma.co.zw

Email: quintin@whitehatinc.co.zw							
Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	73101701	Drugs or medicine production services	Metronidazole 500mg injection	4000	Each	1.9	7600
							Total = 7600.0000

5826

Labmed Trading P/L

192 Chihombe Road Unit 8 Ruwa

Email labmedmarketing@gmail.com

[illegible]

5826

PHARMADIST PVT LTD

BAY 2 HARROW ROAD 255 MARTIN DRIVE

MSASA HARARE

Email	admin@pharmadist.co.zw
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[illegible]

5826

RATIONAL SCIENTIFIC

CORNER SAMUEL PARIRENYATWA AND

LEOPOLD TAKAWIRA

Email ratiessci06@gmail.com[illegible]

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

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, Natpharm is out of stock

✓ Metronidazole 500mg inj	X	10 000
✓ Diazepam 5mg/ml 2ml	X	500
✓ Atropine 1mg/ml	X	1000 4200 Sinkala

Estimated/Actual cost:

Compiled by:

D. Musabayana

Signature:

D. Musabayana

Date:

13/05/24

H.O.D. PP

A Nyakudanga

Signature:

A Nyakudanga

Date:

15/05/24

ACCOUNTANT

Vote allocation: GL code

Cost code:

Balance:

Signature:

PP

M. Shumba

Date:

15/5/2024

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

Signature:

D. Musabayana

Date:

15/5/24

AUTHORISED BY THE ACCOUNTING OFFICER

Signature:

[Signature]

Date:

16/7/24

Recommended by Procurement Management Unit

Deputy Director Procurement:

[Signature]

Received on:

14/08/24

PP