

ORIGINAL

Accountant's date-stamp

G

To: DMD Healthcare
P.O. Box
Harare

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										S	C
	Invoice No.	<u>1 NV 34 93</u>	Allocation										
	Invoice No.		Allocation										
	Invoice No.		Allocation										
	Invoice No.		Allocation	<u>H S F</u>									
	Invoice No.		Allocation										
Station/cost centre												TOTAL	

Quantity	Description and other details—tenders, etc.	Qty. supplied	@	S	C
<u>700</u>	<u>B/50 No Coding Glucose Strips @</u> <u>ZWG 165.76</u>	<u>700</u>	<u>165.76</u>	<u>116097.39</u>	
	<u>Grand total one hundred and sixteen</u> <u>thousand and thirty-two ZWG</u> <u>ZWG 116 032.00</u>				

U.B.H. SECURITY
 CHECKED BY:
 DATE:

Period covered by this Requisition September 2024

I certify that these stores/services are required for the purpose of:
Hospital use
(Pharmacy)

Signed: Hellomo

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: Dah

Date: 12/09/24

TBR or other authority RFQ 340/2024

Requisitionist's date-stamp
 UNITED BULAWAYO HOSPITALS
 PROCUREMENT MANAGEMENT UNIT

05 SEP 2024
 P.O. BOX 958, BULAWAYO
 ZIMBABWE

Sub-total	<u>116097.39</u>
Less discount	
Sub-total	<u>116097.39</u>
Plus sales-tax	<u>15134.61</u>
Sub-total	
Plus carriage	
TOTAL	<u>116032.00</u>

Certified correct Date

Passed for payment Date

eGp

INTERNAL ORDER FORM

UNITED BULAWAYO HOSPITAL
P O Box 958
ASCOT
Bulawayo

095744 G

Successful Bidder's
Name & Address
DMD

Cost Centre...
Vote No...

Date 29/08/2024

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

Indv. Proc. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
N/A	UBH/ RFQ340/2024	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		700	B/50	No Coding Glucose Strips	\$165.76	\$116,032.00ZWG
PURPOSE OF GOODS:					SUB TOTAL	\$116,032.00ZWG
					VAT	-
					TOTAL	\$116,032.00ZWG

MEMBERS OF THE EVALUATION COMMITTEE

HOD T. Hove END USER W. Solomon
 Finance Officer C. Mardank Procurement Officer [Signature]

COMMENTS/ REMARK

The tender was uploaded online and seven companies responded, the committee recommends that order be awarded to DMD the cheaper company.

CHECKED BY DDPS [Signature] APPROVED BY: Accounting Officer [Signature]
 CHIEF MEDICAL OFFICER

UNITED BULAWAYO HOSPITALS
 05 SEP 2024
 P.O. BOX 958, BULAWAYO
 ZIMBABWE

**UNITED PHARMACY HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

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

Tender RFQ340/2024

1. The tender evaluation was as follows:

TEM	Qty	Uom	DESCRIPTION	Investmed Healthcare	Upperhealth Medical	Mefasa Broadband Solution	Charicare	Transworth	DMD	Flancon	Recommended bidder	Total
	700	B/50	No Coding Glucose Strips	\$625.00	\$179.57	\$317.71	\$750.00	\$455.84	\$165.76	\$207.20	DMD	\$116,032.00 ZWG
			VAT									INCLUDED
			Grand total								DMD	\$116,032.00 ZWG

EVALUATION COMMITTEE MEMBERS

HOD T. Hoo Signature: [Signature]

End User/ Other Officer: W. Salomon Signature: [Signature]

Finance: C. Madzimbabwe Signature: [Signature]

Procurement Officer: S. Mawunga Signature: [Signature]

Committee Recommendations

The tender was uploaded online and seven companies responded, the committee recommends that order be awarded to DMD the cheaper company.

Process checked By Deputy Director Procurement Services: Mr E. Siflahla..... [Signature]

APPROVED BY: [Signature]
CHIEF MEDICAL OFFICER
DR. W. BUSUMANI


CHIEF MEDICAL OFFICER'S
UNITED BULAWAYO HOSPITALS
05 SEP 2024
FOR UNITED BULAWAYO HOSPITAL
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	
		Yes	No	Signature & Date	Signature & Date
1 Mr./Mrs.	Procurement Officer/ Assistant	<p>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.</p> <p>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.</p>		<p>No</p> <p>Yes</p>	<p>Signature & Date</p> <p>Signature & Date</p>
2 Mr./Mrs.	Member Finance	<p>I, therefore, recuse myself from all procurement proceedings.</p> <p>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.</p> <p>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.</p>		<p>No</p> <p>Yes</p>	<p>Signature & Date</p> <p>Signature & Date</p>
3 Mr./Mrs.	Head Requiring Services	<p>I, therefore, recuse myself from all procurement proceedings.</p> <p>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.</p> <p>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.</p>		<p>No</p> <p>Yes</p>	<p>Signature & Date</p> <p>Signature & Date</p>

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  04/09/24
5	Mr./Mrs.	Committee Member / Technical expert	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, therefore, recuse myself from all procurement proceedings.	No	Signature & Date
6	Mr./Mrs.	Sample Evaluation Committee Member	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. I, therefore, recuse myself from all procurement proceedings.	No	Signature & Date
				Yes	State Company(s) Signature & Date

Confirmed by:

E. Sihlahla



Deputy Director Procurement Services

**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
RTQ340/2024	No Coding Glucose Strips	B50	1000		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 ZWG and payable in ZWG**
7. Tenders should be deposited in the tender box in the **PMU Department** or **emailed to procurement**
8. Late submission would not be accepted.
9. The hospital reserve the right to accept not necessarily the lowest bidder
10. Late submission would not be accepted
11. The hospital reserves the right to accept not necessarily the lowest bidder.

RFP 340/24

203340



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 Pharmacy

DESCRIPTION OF GOODS AND SERVICES

Kindly outsource, Nalphain is out of stock

- | | | | |
|-----------------------------|------|--------|-----|
| 1. No coding glucose strips | B150 | X 1000 | 340 |
| 2. No coding glucomete | | X 200 | 341 |

Estimated/Actual cost:

Compiled by: D. Musabayana Signature: [Signature] Date: 26/7/24

H.O.D. W. Solomon Signature: [Signature] Date: 26/07/24

ACCOUNTANT

Vote allocation: GL code Cost code: Balance:

Signature: [Signature] Date: 30/07/2024

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

Signature: [Signature] Date: 31/7/24

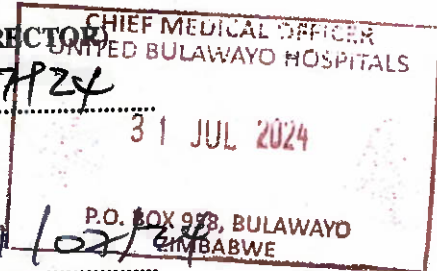
AUTHORISED BY THE ACCOUNTING OFFICER

Signature: [Signature] Date: 31/07/24

Recommended by Procurement Management Unit

Deputy Director Procurement: [Signature]

Received on: 31/7/24



Tender Id

6142

Organization Name

INVESTMED HEALTHCARE PVT LTD

Address

82 MUTARE ROAD MSASA HARARE

Email

investmed@mweb.co.zw

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51000000	Drugs and Pharmaceutical Products	No coding glucose strips	1000	Box	625	625000
							Total = 625000.0000

Tender Id

6142

Organization Name

UPPERHEALTH MEDICAL SUPPLIES (PVT) LTD

Address

77 DERBYSHIRE ROAD WATERFALLS HARARE

Email

upperhealthmedicalsup415@gmail.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51000000	Drugs and Pharmaceutical Products	No coding glucose strips	1000	Box	13	13000
							Total = 13000.0000

6142

Tender Id
Organization Name CHARMCARE ENTERPRISES
Address 5604 NKWIZI GARDENS TNWARD
Email charmcareenterprises@gmail.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	5100000	Drugs and Pharmaceutical Products	No coding glucose strips	1000	Box	750	750000
							Total = 750000.0000

Tender Id

6142

Organization Name

Transworth Enterprises

Address

12271 Cowdry Park Bulawayo

Email

transworth88@gmail.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51000000	Drugs and Pharmaceutical Products	No coding glucose strips	1000	Box	33	33000
							Total = 33000.0000

Tender Id

6142

Devices and Disposables T/A DMD

Organization Name

Healthcare Pvt Ltd

18378 Mukuvisi Industrial Estate, Msasa,

Address

Harare

Email

info@dmdhealthcare.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51000000	Drugs and Pharmaceutical Products	No coding glucose strips	1000	Box	12	12000
							Total = 12000.0000

Tender Id

6142

Organization Name

FLANCON INVESTMENTS

4990 Cnr Lytton and Paisley Rd Workington

Address

Harare Zimbabwe

Email

flancomm@yahoo.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51000000	Drugs and Pharmaceutical Products	No coding glucose strips	1000	Box	15	15000
							Total = 15000.0000

Tender Id

6142

Organization Name MEFASA BROADBAND SOLUTIONS PVT LTD

Address 156 ARCTURUS ROAD HIGHLANDS HARARE

Email tapmusambik@gmail.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51000000	Drugs and Pharmaceutical Products	No coding glucose strips	1000	Box	23	23000
							Total = 23000.0000

Telephone (263)(0292) 252111-9
All Correspondence to be addressed to:-
THE CHIEF EXECUTIVE OFFICER
UNITED BULAWAYO HOSPITALS
P.O. BOX 958
BULAWAYO
ZIMBABWE



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

UNITED BULAWAYO HOSPITALS- RECEIVING COMMITTEE FORM

GOODS RECEIVED AND QUANTITY

NO CODING GLUCOSE STRIPS x700

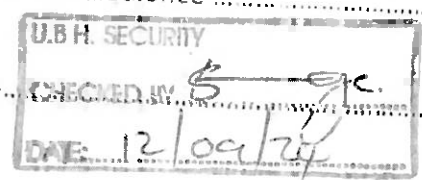
Company/supplier DMS HEALTHCARE
Place/ Bay UBH
Order Number 095744
Comments by committee

Name MARVIN BEAU Stores Department Signature [Signature] Date 12/19/21
Name P. Musabqyam User Department Signature [Signature] Date 12/19/21
Name T. MUGAVIRI Finance Department Signature [Signature] Date 12/19/21

Security to endorse quantity delivered.

Received GLUCOSE STRIPS x 700 Balance —

Name MARANCE LT Signature [Signature] Date 12/19/21



Rec 106

Fiscal Tax Invoice

DMD Health Care
Unit 2

Stand 18378 Mukuvisi Industrial Estate
Msasa, Harare
Telephone **08677009831**
Fax
Email
VAT Number **220174956**

Document Number **DMDINV3473**
Date **10/09/2024**
Delivery Note **DMDDEL3340**
Sales Rep **Ameni Hove**
Account Terms **Credit**
Ext Reference **095744 G**



TIN **200069844**
Vendor Number **709774**

Bill To: **UBH294 UBH CENTRAL HOSPITAL**

St Lukes Avenue
Box 938
- Bulawayo

TIN VAT Number

Item Code	Item Description	Disc %	Price	QTY	VAT AMT	Amount (Incl)
GLUSTRIP	Exactive Vital (50s) - Exactive Vital Test Strip	0.00 %	165.76	700.00	15,134.61	116,032.00

Total (Excl) ZWG **100,897.39**
 Vat Total **15,134.61**
 Total **116,032.00**
 Discount **0.00**
 Total (Incl) ZWG **116,032.00**

Received by *D. Musabanyana*
 Date *12/09/24*
 Signed *[Signature]*

[Handwritten initials]

RTGS Banking Details

Name : Devices and Disposables
Bank : Nedbank Zimbabwe
Account Number : 61031012237
Branch : Jason Moyo

USD Banking Details

Name : Devices and Disposables
Bank : Nedbank Zimbabwe
Account Number : 11090131149
Branch : Jason Moyo

RTGS Banking Details

Name : Devices & Disposables (Private) Limited
Bank : Stanbic Bank Zimbabwe
Account Number : 9140008516633
Branch : Msasa Branch
Swift Code : SBICZWHX

USD Banking Details

Name : Devices & Disposables (Private) Limited
Bank : Stanbic Bank Zimbabwe
Account Number : 9140008516668
Branch : Msasa Branch
Swift Code : SBICZWHX

11.09.2024

TERMS

No returns after 7 days
Please use the original invoice number as a reference on all returns.
All products authorized for return must be unopened and intact.
All cash payments should receive a receipt.



Verification code:
F44C-2364-33C8-E7FF
Fiscal Day 75
Device ID: 11951
Invoice Number: 948
Verify this receipt

