

ORIGINAL

G

Accountant's date-stamp

PLEASE PRINT

To

PCD
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.												
	Invoice No.												
	Invoice No.												
	Invoice No.												
	Invoice No.												
Station/cost centre												TOTAL	

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
5000	Each Fentanyl 100mcg/2ml @ \$0.71				
Grand total three thousand five hundred and fifty dollars only					
\$3 550.00 USD					

Period covered by this Requisition August 2024

TBR or other authority RFQ 312/2024 RT

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

Requisitionist's date-stamp

Hospital use (Pharmacy)
Signed Kedlomo

UNITED BULAWAYO HOSPITALS
PROCUREMENT MANAGEMENT UNIT

30 AUG 2024

P.O. BOX 958, BULAWAYO
ZIMBABWE

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

Memo

TO: Dr. W. Busumani
CHIEF MEDICAL OFFICER

CC: Mr. C. Mandimika
Director of Finance

Mr. E. Sihlahla
Deputy Director Procurement

FROM: C. MAWUTO

DATE: 30/08/2024

REF: REQUEST FOR PAYMENT AMOUNTING TO USD \$3550.00 TO PCD FOR THE PURCHASE OF FENTANYL

May you please process payment amounting to USD \$3550.00 to PCD for the purchase of FENTANYL. FENTANYL was issued a requisition # 095723G. We are therefore requesting your authority to pay in advance for the company is asking for payment and the Hospital is in dire need of the product.

Your cooperation is greatly appreciated.

Thank you.

Responsible H.O.D. W. Solomon Signature [Signature]

End user F. Jericha Signature [Signature]

Procurement Officer C. Mawuto Signature [Signature]

Reviewed by Head of PMU E. Sihlahla Signature [Signature]

Director Finance C. Mandimika Signature [Signature]

Approved by Chief Medical Officer [Signature]

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS

02 SEP 2024

P.O. BOX 956, BULAWAYO
ZIMBABWE

EGP

INTERNAL ORDER FORM

UNITED BULAWAYO HOSPITAL
P O Box 958
Bulawayo

095723 9

Successful Bidder's
Name & Address
PCD
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

Inv. Proc. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
	RFQ314/2024RT				

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		5000	each	Fentanyl 100mcg/2ml	0.71	3550.00
Purpose of goods: PHARMACY					VAT	
					TOTAL	3550.00

MEMBERS OF THE EVALUATION COMMITTEE

Responsible HOD *Allen* End user/Other Officer *Sibela*
 Procurement Officer *C. MANDIMBA* Finance Officer *C. MANDIMBA*

COMMENTS/ REMARKS ...

Several companies were invited to tender through e- Gp after Nat pharm indicated they had nothing in stock and 1 company managed to submit its quotation and order was given to PCD i. Its now long time without the product. The product is urgently needed.

CHECKED BY DDPS *[Signature]* APPROVED BY: CHIEF MEDICAL OFFICER, MEDICAL OFFICER UNITED BULAWAYO HOSPITALS

UNITED BULAWAYO HOSPITALS
DEPUTY DIRECTOR PROCUREMENT

29 AUG 2024

P.O. BOX 958, BULAWAYO
ZIMBABWE

30 AUG 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 No RFQ312/2024 RT Closing date of the tender: Meeting commenced at

1. The tender evaluation was as follows:

ITEM	QTY	UOM	DESCRIPTION	PCD	RECOMMENDED PRICE	TOTAL PRICE USD
1	5000	Each	Fentanyl 100mcg/2ml	0.71	PCD	3550.00
						3550.00

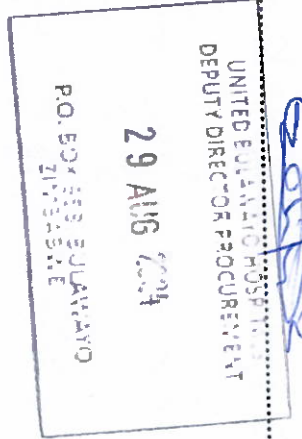
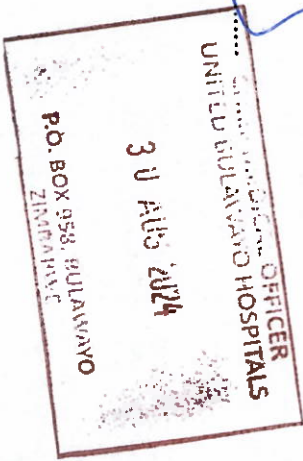
Committee Recommendations
 Several companies were invited to tender through e - Gp after Nat pharm indicated they had nothing in stock and 1 company managed to submit its quotation and order was given to PCD. Its now long time without the product. The product is urgently needed.

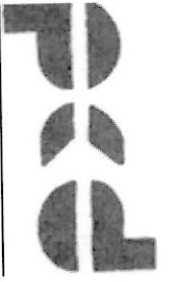
EVALUATION COMMITTEE MEMBERS

Responsible HOD..... M. JERRY Signature..... [Signature]
 End User/ Other Officer..... S. Nkala Signature..... [Signature]
 Member Finance..... N. M. M. M. Signature..... [Signature]
 Procurement Officer:..... [Signature] Signature..... [Signature]

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

.....
 CHIEF MEDICAL OFFICER
Dr W. BUSUMANI
 For United Bulawayo Hospital





QUOTATION

Pharmaceutical & Chemical Distributors (Pvt) Ltd

33 Watts Road
 New Ardbenie, Harare
 sales@pcd.co.zw
 Vendor No: 700371

Telephone: (04) 669621, 661951
 (04) 669102, 661982
 086 441 1 5901-10
 Fax: (04) 661887

23 Blackrock Road
 Westondale, Bulawayo
 Telephone: (09) 880161-4
 salesbyo@pcd.co.zw

PL ID

UNITED BULAWAYO HOSPITALS
 ST LUKE'S AVENUE
 BULAWAYO

Customer Account Code: UUN1007
 Customer Vat No:

MCAZ No: GOVT HOSPITAL/CLINIC
 HPA No:

Date: 27/8/2024
 Customer Order No: RFQ312/2024RT
 Quotation No: BYOQU056281
 Page 1 of 1

Delivery: By Swift
 Sales Rep: MBONGENI

Trade Name: MAR009 FENTANYL INJ 100MCG/2ML AMPS 10S

Generic Name: FENTANYL INJ

Expiry Date: 0
 Qty: 500

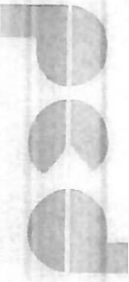
P/Size: 10Amp
 Incl Price: 7.1
 PL ID: 1
 Vat: 3,550.00
 Total

RETURNS POLICY

Goods are to be returned within five (5) days and NO RETURNS for vaccines and cold chain items
 Goods must be in undamaged, original packaging, with no broken seals. Partials will not be accepted
 ALL returns are to be accompanied by a copy of the original invoice and a goods return note, stating reason for return
 Any shipping or handling charged incurred will be passed onto the customer
 PCD reserves the right to inspect all returns before issuing a credit note
 Allow 5 working days for a credit note / refund

Total (Excl) 3,550.00
 Tax Total 0.00
 Total (Incl) 3,550.00
 Total Discount 0.00
 Invoice Total 3,550.00

QUOTATIONS ARE VALID UNTIL END OF BUSINESS DAY, AND VALID ONLY IF PAYMENT REFLECTS SAME DAY. Total Items 0



Pharmaceutical & Chemical Distributors (Pvt) Ltd

33 Watts Road
New Ardennie

PARCARE
33 Watts Road,
New Ardennie,
Harare.
E-mail: sales@pcd.co.zw
Telephone: 036 77009500
086 44115901-10
(242) 669609, 669610
(242) 669621-2, 664884
(242) 667102, 665775
(242) 661887

BULAWAYO
23 Blackrock Road
Westondale
Bulawayo
Telephone: (292) 880161-4
E-mail: salesbyo@pcd.co.zw

TIN: 2000015050

VAT No: 220006959

Harare
Telephone: (04) 669621
E-mail: sales@pcd.co.zw

Customer Account No: UUNI007
UNITED BULAWAYO HOSPITALS
ST LUKE'S AVENUE
BULAWAYO

Delivery Address:
ST LUKE'S AVENUE

Date: 02/09/2024
Document No: SNHR18384821
Delivery Note No: HREDN352278
Internal Order No: HRESO376874
Customer Order No: G095723

Customer TIN No:
Customer VAT No:

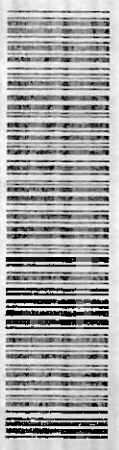
MCAZ No: GOVT HOSPITAL/CLINIC
HPA No:

VAT No: 220006959
Sales Rep: NONHLA
Vendor No: 700371
Route:

Code	Brand Name	Description	Batch No & Expiry	Qty	Price	Amount (excl.vat)	Vat	Total Amount (incl.vat)
MAR009	FENTANYL INJ 100MG/2ML AMPS 10S	FENTANYL INJ	500x Batch: 0148941 Expiry: 31/12/2026.	500	7.100	3,550.00	0.00	3,550.00

Paid By: 7 DAY A/C

Receipt No:



Total (Excl. Vat) 3,550.00
VAT Total 0.00
Invoice Total, USD 3,550.00

Total Items 500

Copies Printed

Number of
FENTANYL INJ
E-mail: info@pcd.co.zw
Phone: 04 669621
Invoice Number: 1006

02/09/2024 14:58:01