

ORIGINAL

G

Accountant's date-stamp

PLEASE PRINT

Printflow
P.O. Box
Bulawayo

Invoice 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	<u>HSF</u>		
	Invoice No.	Allocation			
Station/cost centre				TOTAL	

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
<u>50</u>	<u>Each Receipt Book @ ZWG 103.875</u>				
	<u>Grand total five thousand one hundred and ninety three seventy-five cents</u>				
	<u>ZWG 5 193.75</u>				

Period covered by this Requisition September 2024

TBR or other authority DP98/2024

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

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

Hospital use
(Stores)
Delomo

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

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.

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

Signed _____
Date _____

Certified correct _____ Date _____
Passed for payment _____ Date _____

eGp

INTERNAL ORDER FORM

095146 9

UNITED BULAWAYO HOSPITAL

P O Box 958

ASCOT

Bulawayo

Successful Bidder's Name & Address Printflow

Cost Centre..... Vote No...

Date:02/09/2024

PREV. BAL..... AMT COMMITTED VOTE BALANCE.....

NATURE OF TENDER AND CURRENT LIMITS

Table with columns for Order Values Subject to Review by SPOC, Construction works, Goods, Consultancy & Non-consultancy services, and various tender types (National/International Competitive, Restricted, Direct Purchase).

ORDER TRACKING RECORD

Table with columns: Inv. Proc. Ref. No., Tender No, Annual Qty, Outstanding order Qty, Qty Ordered, Balance.

CURRENT ORDER INFORMATION (See attached Detailed Comparative Schedule)

Table with columns: Item, I. P. Ref. No., Order Qty, Unit Size, Description of Goods, Unit Price Inc. VAT, Total Price Inc. VAT.

MEMBERS OF THE EVALUATION COMMITTEE.

Responsible HOD: S Malame; End user: P. Mubvumba; Procurement Officer: [Signature]; Finance Officer: [Signature]; Committee Member: T. M. Mawira.

COMMENTS/ REMARKS ...

Direct purchase was done to Printflow because it is the only organization which supply stationary security items to all government institutions.

CHECKED BY DDPS [Signature]

APPROVED BY: Accounting Officer [Signature]

UNITED BULAWAYO HOSPITAL DEPUTY DIRECTOR PROCUREMENT 10 SEP 2024 P.O. BOX 958, BULAWAYO ZIMBABWE

CHIEF MEDICAL OFFICER UNITED BULAWAYO HOSPITAL 11 SEP 2024 P.O. BOX 958, BULAWAYO ZIMBABWE

**UNITED BULAWAYO HOSPITAL
PROCUREMENT MANAGEMENT UNIT**

Minutes of Request for Quotation Tender Evaluation held on the 11th September 2024 in the Procurement Management Unit
Tender No: DP98/2024 Notes: Closing date of the tender Meeting Commenced at.....

1. The tender evaluation was as follows:

ITEM	Qty	Uom	DESCRIPTION	Printflow	Recommended bidder	Total price
1	50	Each	Receipt Book	\$103.88 ZWG	Printflow	\$5,193.75 ZWG
			Grand total	Printflow		\$5,193.75 ZWG

2. Committee Recommendations
Direct purchase was done to Printflow because it is the only organization which supply stationary security items to all government institutions.

EVALUATION COMMITTEE MEMBERS

Responsible HOD: *S Mshahane* Signature: *[Signature]*
 End User/ Other Officer: *P Mutsengwa* Signature: *[Signature]*
 Member Finance: *E M Mshahane* Signature: *[Signature]*
 Procurement Officer: *P M Mshahane* Signature: *[Signature]*

Process checked by Deputy Director Procurement Services: Mr. E. Siflahla.....

APPROVED BY:

[Signature]
 Accounting Officer
Dr W. Busumani
 For United Bulawayo Hospital

11 SEP 2024
 CHIEF MEDICAL OFFICER
 UNITED BULAWAYO HOSPITALS
 P.O. BOX 958, BULAWAYO
 ZIMBABWE

10 SEP 2024
 UNITED BULAWAYO HOSPITAL
 DEPUTY DIRECTOR PROCUREMENT
 P.O. BOX 953, BULAWAYO
 ZIMBABWE







UNITED BULAWAYO HOSPITAL

PROCUREMENT MANAGEMENT UNIT

DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON

Tender Number RFO314/2024

Description Cloxallin

1	Name	Designation	**Indicate your appropriate declaration**	No	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.	Yes	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  State Company(s) </div> <div style="width: 45%;">  Signature & Date </div> </div>
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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  State Company(s) </div> <div style="width: 45%;">  Signature & Date </div> </div>
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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  State Company(s) </div> <div style="width: 45%;">  Signature & Date </div> </div>
			I, therefore, recuse myself from all procurement proceedings.	Yes	

		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.			
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. 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 Yes	Signature & Date <i>[Signature]</i> 05/09/24	Signature & Date
				State Company(s)	Signature & Date

Confirmed by:

E. Sihlahla

Deputy Director Procurement Services

UN-TEC BULAWAYO HOSPITALS
DEPUTY DIRECTOR PROCUREMENT
11 SEP 2024
PO BOX 955 BULAWAYO
E. SIHLAHLA

UNITED BULAWAYO HOSPITALS
PROCUREMENT MANAGEMENT UNIT

REQUEST FOR DIRECT PURCHASE FORM

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY REQD	DDP UNIT PRICE + VAT	Expected Delivery Time
Di 08/24	Receipt Books		50		Ex-Stock

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**
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.

DP 98120
~~REP 369/20~~ 203769



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 Stores/Finance

DESCRIPTION OF GOODS AND SERVICES

Purchase of Receipt Books x 40 / 50

Estimated/Actual cost:

Compiled by: S. Ndlovu Signature: [Signature] Date: 4/7/24

H.O.D. S. Melenza Signature: [Signature] Date: 4/7/24

ACCOUNTANT

Vote allocation: GL code Cost code: Balance:

Signature: [Signature] Date: 04/07/2024

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

Signature: [Signature] Date: 08/07/2024

AUTHORISED BY THE ACCOUNTING OFFICER

Signature: [Signature] Date: 9/7/24

Recommended by Procurement Management Unit

Deputy Director Procurement: [Signature] Received on: 10/7/24

CHIEF MEDICAL OFFICER
UNITED BULAWAYO HOSPITALS
- 9 JUL 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

Tender Id

6882

Organization Name

Printflow Pvt Ltd

Address

Box CY341 Harare

Email

printflowmarketing@gmail.com

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	14111509	Stationery	receipt books	50	Each	7.5	375
							Total = 375.0000

Printflow

SHOP NO 3 TSHAKA CENTRE
FIFE STREET BTWN 10TH &
11TH AVE
Tel: 0292 882 887/ 74135/ 67960

Printflow Private Limited

QUOTATION/PROFORMA INVOICE FOR TENDER DP98/24

Date: 30/08/2024

UBH

Date Stamp

Printflow :VAT number : 10017268
:BP number : 200026573
:Praz Reg No. PR2407899647
:Vendor no.700051

RE: QUOTATION FOR ITEMS BELOW

We have pleasure in submitting the following quotation as per your request.

Qty	Description	Unit Value in USD	Total Value USD	Total in zig
50	RECEIPT BOOKS	7.50	\$375.00	
Total			\$375,00	5,193.75
	RBZ RATE 13.85 (30/08/24)			

N.B

- (1) Vat 15% included in total value.
- (2) Full payment required before production
- (3) Quotation valid for 30 days
- (4) Delivery period – 7 working days
- (5) Currency-USD\$ -payment can be done in local currency at the prevailing rate of the day.

NB The figure in ZIG is for today the 30th of Aug 2024. If payment is done on another day please consult us of that particular day's rate.

We trust the above meets your approval and look forward to your speedy consideration.
Thank you.

A Mapungwana 0776565280
Stores Supervisor (Sales)