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EGP

(2)

# INTERNAL ORDER FORM

Supplier: UNITED BULAWAYO HOSPITAL **095747 G**  
 Address: P O Box 958  
 Consultant: ASCOT  
 Location: Bulawayo

Successful Bidder's Name & Address  
 Printflow  
 BYO  
 Cost Centre.....  
 Vote No...

Date: 02/09/2024

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							

*Audit checked 02/10/24. #an.*

## ORDER TRACKING RECORD

Proc. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
	DP095/24 RT				

## CURRENT ORDER INFORMATION (See attached Detailed Comparative Schedule)

Item	P. Ref. No.	Order Qty	Unit Size	Description of Goods	Unit Price Inc. VAT	Total Price Inc. VAT
1		20000	each	Hospital Folder	\$10.94 ZWG	\$218,830.00 ZWG
PURPOSE OF GOODS: Stores					SUB TOTAL	\$218,830.00 ZWG
					VAT	-
					TOTAL	\$218,830.00 ZWG

## MEMBERS OF THE EVALUATION COMMITTEE.

Responsible HOD: S Malame End user: Angiso  
 Procurement Officer: [Signature] Finance Officer: C Madiamba  
 Committee Member: [Signature]

## 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 HOSPITALS  
 DEPUTY DIRECTOR PROCUREMENT  
 10 SEP 2024  
 P.O. BOX 958 BULAWAYO  
 ZIMBABWE

CHIEF MEDICAL OFFICER  
 UNITED BULAWAYO HOSPITALS  
 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 ..... 2024 in the Procurement Management Unit

Tender No: DP095/2024      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	20000	Each	Hospital Folder	\$10.94	Printflow	\$218,830.00 ZWG
			Grand total		Printflow	\$218,830.00 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 Makende* Signature: *[Signature]*

End User/ Other Officer: *L Sengwe* Signature: *[Signature]*

Member Finance: *C Madziva* Signature: *[Signature]*

Procurement Officer: *B. Muzungu* Signature: *[Signature]*

Process checked by Deputy Director Procurement Services: Mr E. Silihla Signature: *[Signature]*

APPROVED BY: *[Signature]*

Accounting Officer  
**Dr W. Busumani**  
For United Bulawayo Hospital

**CHIEF MEDICAL OFFICER  
UNITED BULAWAYO HOSPITALS**  
11 SEP 2024  
P.O. BOX 358, BULAWAYO  
ZIMBABWE

**UNITED BULAWAYO HOSPITALS  
DEPUTY DIRECTOR PROCUREMENT**  
11 SEP 2024  
P.O. BOX 358, BULAWAYO  
ZIMBABWE

**UNITED BULAWAYO HOSPITAL  
PROCUREMENT MANAGEMENT UNIT**

**DECLARATION OF INTEREST FORM FOR EVALUATION COMMITTEE MEETING HELD ON .....**  
Tender Number RFO314/2024 Description Cloxallin

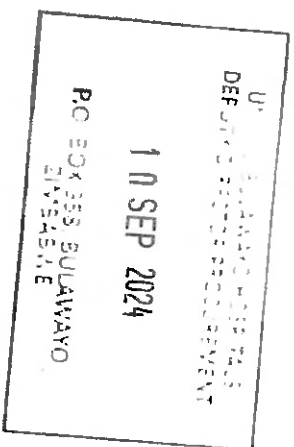
Name	Designation	**Indicate your appropriate declaration**	No	Signature & Date	
1 Mr/Mrs	Procurement Officer/ Assistant	I have no pecuniary or other personal interest(s), directly or indirectly, in any of the companies that participated in tenders to be deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital.	No	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.	Yes	State Company(s)	Signature & Date
		I, therefore, recuse myself from all procurement proceedings.		Signature & Date	
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	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.	Yes	State Company(s)	Signature & Date
		I, therefore, recuse myself from all procurement proceedings.		Signature & Date	
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	State Company(s)	Signature & Date
			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 No. b31 deliberated on this day that raises or may raise conflict with my duties as an Evaluation Committee member of the hospital.				
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	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	Signature & Date	Signature & Date
			I, therefore, recuse myself from all procurement proceedings.		Signature & Date	Signature & Date

Confirmed by:

E. Sihlahla

Deputy Director Procurement Services



# Printflow

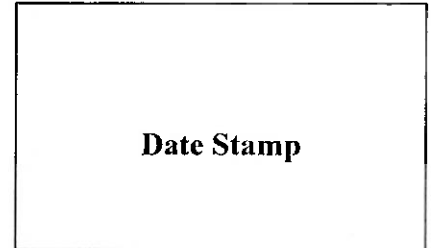
SHOP NO 3 TSHAKA CENTRE  
,FIFE STREET BTWN 10<sup>TH</sup> &  
11<sup>TH</sup> AVE  
Tel: 0292 882 887/ 74135/ 67960

Printflow Private Limited

QUOTATION/PROFORMA INVOICE FOR TENDER DP095/2024

**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
20,000	HOSP FOLDERS	0.79	\$15800.00	
<b>Total</b>			<b>\$15800,00</b>	<b>218,830.00</b>
	<b>RBZ RATE 13.85 (30/08/24)</b>			

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 30<sup>th</sup> 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)

# Printflow

Printflow Private Limited

CNR George Sissodia  
Avenue/Epton Street  
Tel: 707814-9 786161 7  
Fax 723430

## UNITED STATES DOLLARS ACCOUNT DETAILS

Account Name: Printflow Private Limited  
Bank: CBZ  
Account number : 01120046010189  
Branch: Kwame Nkrumah  
Sort code: 6101  
Swift code: COBZZWHA

# Printflow (Private) Limited

George Sissodia Avenue/Epton Street, Epsom,  
Tel: 707814-9 786161 7  
703411 706367 7  
E-Mail: [enquiries@printflow.co.za](mailto:enquiries@printflow.co.za)  
Website: [www.printflow.co.za](http://www.printflow.co.za)

PO Box 67741  
Lanseria  
Johannesburg



ACCOUNT TYPE	ZWL/RTGS
BANK	CBZ
ACCOUNT NUMBER	01120046010030
SWIFT CODE	COBZZWHA
FDLIWARS NUMBER	3351
OUR VENDOR NUMBER	700051
VAT NUMBER	10017268
SORT CODE	6101

Directors: N. Nkomo (Chairman), D. Mphahlele (CEO), J. Moyo, B. N. Kapuya, P. Chasakwa, M. T. Ndlovu,  
G. Chasakwa, C. Pheko (Executive)

Tender Id 6886

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	44122011	Folders	Hospital Folders	20000	Each	0.79	15800
							Total = 15800.0000

**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
DP095/2024	Patient Folder	EACH	20000		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 **CRI4**.
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.

**CLOSING DATE: 28 AUGUST 2024**



DP 095/24

203778



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 / Health Information

DESCRIPTION OF GOODS AND SERVICES

Purchase of  
1) Patient's folders X 20 000

Estimated/Actual cost: .....

Compiled by: A Mudzichwa  
S Malama

Signature: [Signature]  
[Signature]

Date: 08/7/24  
08/7/24

ACCOUNTANT

Vote allocation: GL code .....

Cost code: ..... Balance: .....

Signature: [Signature]

Date: 08-07-24

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

Signature: [Signature]

Date: 08/7/24

AUTHORISED BY THE ACCOUNTING OFFICER

Signature: [Signature]

Date: [Signature]

Recommended by Procurement Management Unit

Deputy Director Procurement: [Signature]

Received on: 10/7/24

