

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.	Allocation	FOR OFFICIAL USE	\$	c
	Invoice No.	Allocation			
	Invoice No.	Allocation			
	Invoice No.	Allocation			
	Invoice No.	Allocation	<u>H&amp;F/Theatre Funds</u>		
	Invoice No.	Allocation			
Station/cost centre				TOTAL	

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
<u>10</u>	<u>Each Seropurane @ \$140.00</u>				
	<u>Grand total one thousand four hundred dollars only</u>				
	<u>\$1400.00 USD</u>				

Period covered by this Requisition September 2024

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

Signed Adelomo

TBR or other authority RFQ330/2024

Requisitionist's date-stamp  
**UNITED BULAWAYO HOSPITALS  
PROCUREMENT MANAGEMENT UNIT**  
03 SEP 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 .....

E.G.P.

INTERNAL ORDER FORM

UNITED BULAWAYO HOSPITAL  
P O Box 958  
ASCOT  
Bulawayo

095731 G

Successful Bidder's  
Name & Address  
PCD

Cost Centre.....  
Date 02/09/2024

Vote 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

Indiv. Proc. Ref. No.	Tender No	Annual Qty	Outstanding order Qty	Qty Ordered	Balance
	RFQ330/2024 RT				

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		10	each	Sevoflurane	\$140.00	\$1400.00
PURPOSE OF GOODS: For hospital use (Pharmacy)					Sub Total	\$1400.00
					VAT	-
					Total RTGS Incl. VAT	\$1400.00 USD

MEMBERS OF THE EVALUATION COMMITTEE

Responsible HOD ..... T. Hove ..... End user..... S. Nkala .....

Procurement Officer ..... C. Mawya ..... Finance Officer ..... C. Madiamba .....

COMMENTS/ REMARKS

The tender was uploaded on the eGP system for the second time and only one company PCD managed to submit their quotation, because of the urgency order was given to PCD. The supplier responded in United States dollars though our request was in Zig. We remained with no choice since it was the only response

CHECKED BY DDPS ..... [Signature] .....

APPROVED BY: Accounting Officer..... [Signature] .....

CHIEF MEDICAL OFFICER  
UNITED BULAWAYO HOSPITALS

03 SEP 2024

P.O. BOX 958, BULAWAYO  
ZIMBABWE

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

Tender No RFQ330/2024 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
1	10	Each	Sevoflurane	140.00	PCD	1400.00
Grand Total						1400.00 USD

Committee Recommendations

The tender was uploaded on the eGP system for the second time and only one company PCD managed to submit their quotation, because of the agency order was given to PCD. The supplier responded in United States dollars though our request was in Zig. We remained with no choice since it was the only response.

EVALUATION COMMITTEE MEMBERS

Responsible HOD..... *T. Hae* Signature..... *[Signature]*

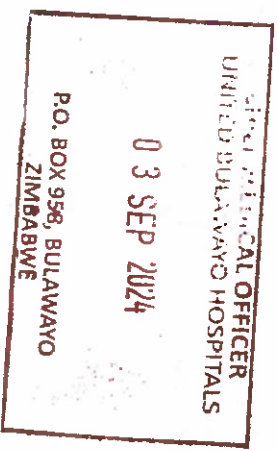
End User/ Other Officer..... *S. Nkala* Signature..... *[Signature]*

Member Finance..... *C. M. M. M. M.* Signature..... *[Signature]*

Procurement Officer:..... *C. M. M. M. M.* Signature..... *[Signature]*

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

APPROVED BY: *[Signature]*  
CHIEF MEDICAL OFFICER  
Dr W. BUSUMANI  
For United Bulawayo Hospital



**UNITED BULAWAYO HOSPITALS  
PROMENT MANAGEMENT UNIT**

**REQUEST FOR DIRECT QUOTATION FORM**

TENDER NUMBER	PRODUCT/SERVICE DESCRIPTION	UNIT SIZE	QTY	UNIT PRICE + VAT	DELIVERY TIME
RFQ330/2024 RT	Sevoflurane 2%	250ml	18		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

Zig. Systems has 100 items

203343

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



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

Theatre funds

REQUEST FOR GOODS AND SERVICES FORM

DEPARTMENT REQUESTING Main Pharmacy

DESCRIPTION OF GOODS AND SERVICES

Kindly procure, the items are out of stock  
Sevoflurane 250ml X 10 - 100 *30/7/24*

[Large blue bracketed area covering the description section]

Estimated/Actual cost: .....

Compiled by: D. Musabayana Signature: *[Signature]* Date: 30/7/24

H.O.D. I. Hare Signature: *[Signature]* Date: 30/7/24

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

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

AUTHORISED BY THE ACCOUNTING OFFICER

Signature: *[Signature]* Date: 31/07/2024

Recommended by Procurement Management Unit

Deputy Director Procurement: *[Signature]*

Received on: 31/7/24

**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**	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
2	Mr/Mrs Member Finance	I, therefore, recuse myself from all procurement proceedings. 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	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. 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	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 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	Signature & Date
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.	Yes	State Company(s) <i>S. Mkhaya</i>	Signature & Date <i>3/09/2009</i>
		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.			

Confirmed by:

E. Sihlahla  
  
 Deputy Director Procurement Services

Tender Id

Tender 17015

Tender 17015

Tender 17015

Organization Name

PHARMACEUTICAL AND CHEMICAL  
DISTRIBUTORS

Address

33 WATTS ROAD NEW ARDBENNIE  
HARARE

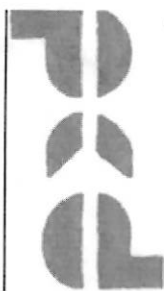
Email

institutions@pcd.co.zw

Item No	UNSPSC Code	Lot Name	Lot Description	Quantity	UOM	Unit Price	Total Rate
1	51272408	Sevoflurane	Sevoflurane 250ml	100	Each	140	14000
							Total = 14000.0000



# QUOTATION



**Pharmaceutical & Chemical Distributors (Pvt) Ltd**  
33 Watts Road  
New Ardennie, Harare  
[sales@pcd.co.zw](mailto:sales@pcd.co.zw)  
Vendor No: 700371

Telephone: (04) 669621, 661951  
(04) 669102, 661982  
086 4411 5901-10  
Fax: (04) 661887

23 Blackrock Road  
Westondale, Bulawayo  
Telephone: (09) 880161-4  
[salesbyo@pcd.co.zw](mailto: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: 2/9/2024  
Customer Order No: SEVOFLURANE  
Quotation No: BYOQU056615  
Page 1 of 1  
Delivery: By Swift  
Sales Rep: MBONGENI

Trade Name  
ABB001 ULTANE LIQUID 250ML

Generic Name  
SEVOFLURANE LIQUID 250ML

Expiry Date  
0

Qty  
50

P/Size  
140

Incl Price  
1

PL ID  
1

Vat  
7,000.00

Total  
7,000.00

### 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) 7,000.00  
Tax Total 0.00  
Total (Incl) 7,000.00  
Total Discount 0.00  
Invoice Total 7,000.00

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

Total Items 0

Copies Printed



## Zimbabwe Revenue Authority



### TAX CLEARANCE CERTIFICATE (ITTF263)



**Your Tax position is Satisfactory. No tax should be withheld**

**Validity Period (from-to):** 3 April 2024 - 31 December 2024

**TIN** 2000015050

**Taxpayer Name** Pharmaceutical & Chemical Distributors

**Trade Name:** Pharmaceutical & Chemical Distributors

**Issued on:** 03/04/2024

**Authentication Code:** 47127406

The authentication and validity of this certificate must be validated on ZIMRA page: [mytaxselfservice.zimra.co.zw](https://mytaxselfservice.zimra.co.zw) using the Authentication Code or QR Code

ZIMRA reserves the right to withdraw this certificate at any time, should it become necessary during the period for which this certificate is valid

