

G

Accountant's date-stamp

PLEASE PRINT

To DIAMED Pvt. (Ltd)
P. O Box
B HARARE

Notes for suppliers:

(1) Please provide the following stores/services to: U.B.H.

(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:

U.B.H. 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			
	Invoice No.	Allocation			
Station/cost centre				TOTAL	

Quantity	Description and other details—tenders, etc.	To be completed by supplier			
		Qty. supplied	@	\$	c
2	Boxes Urine Lam @ \$ 120.00				
2	Boxes Asot @ \$ 30.00				
2	Each Rheumatoin factor @ \$ 30.00				
5	Each Syphilis RDT @ \$ 15.00				
2	Boxes Malaria @ \$ 30.00				
1	b/100 TPFA (tests) @ \$ 75.00				
GRAND TOTAL = \$ 540.00 U.S.D.					
FIVE HUNDRED AND FORTY DOLLARS ONLY					
Period covered by this Requisition <u>SEPTEMBER 2024</u> I certify that these stores/services are required for the purpose of: <u>HOSPITAL USE ONLY (LAB)</u> Signed <u>R-Cambiza</u>		TBR or other authority <u>R-FQ 330/2024 RT</u> Requisitionist's date stamp UNITED BULAWAYO HOSPITALS PROCUREMENT MANAGEMENT UNIT <u>27 SEP 2024</u> <u>P.O. BOX 958, BULAWAYO</u> <u>ZIMBABWE</u>		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

Accountant's date-stamp

PLEASE PRINT
 To DIAMED PVT (LTD)
P. O BOX
HARARE

Notes for suppliers:

- (1) Please provide the following stores/services to: U.B.H.
- (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:
U.B.H. P.O BOX 958 BULAWAYO
- (4) Delivery charges must be supported by rail or carrier's note.

C.P.O. voucher number

Month	Creditor's code No.	Invoice No.	Allocation		\$	c
		Invoice No.	Allocation			
		Invoice No.	Allocation			
		Invoice No.	Allocation			
		Invoice No.	Allocation			
		Invoice No.	Allocation			
Station/cost centre				TOTAL		

Quantity	ONE THOUSAND TWO HUNDRED AND FIFTY DOLLARS ONLY. Description and other details—tenders, etc.	Qty. supplied	@	\$	c
4	Each Mc conkey Agar @ \$ 75.00				
1	Each Salt Mannitol Agar @ \$ 80.00				
4	Each Blood Agar Base @ \$ 85.00				
2	Each Motility indole urea @ \$ 115.00				
1	Each Lysine Agar @ \$ 80.00				
1	Each Simmons Citrate Agar @ \$ 90.00				
2	Each DNase Agar @ \$ 65.00				
GRAND TOTAL = \$ 1 250.00 U.S.D					

Period covered by this Requisition SEPTEMBER 2024

I certify that these stores/services are required for the purpose of:
HOSPITAL USE ONLY (LAB)

Signed R. Cambiza

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

TBR or other authority RFQ 330/2024 RT

Requisitionist's date-stamp
UNITED BULAWAYO HOSPITALS
PROCUREMENT MANAGEMENT UNIT
27 SEP 2024
P.O. BOX 958, BULAWAYO
ZIMBABWE

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

Certified correct Date

Passed for payment Date

INTERNAL ORDER FORM

UNITED BULAWAYO HOSPITAL
 P.O. Box 958
 ASOT
 Bulawayo

E.C.P
 095819-9
 095820-9
 095821-9

Successful Bidder's
 Name & Address
 DIAMED

Date 25/09/2024

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

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

ORDER VALUES SUBJECT TO REVIEW BY SPOC WILL EXCEED THE ABOVE THRESHOLDS - CLASS C CATEGORY	NATURE OF TENDER AND CURRENT LIMITS									
	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-consultancy services	≤ US\$5,000		≤ US\$50,000.00							

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
		4	each	MC CONKEY AGAR		
		1	each	SALT MANNITOL AGAR	75	75.00
		4	each	BLOOD AGAR BASE	80	320.00
		2	each	MOTILITY/INDOLE UREA	85	170.00
		1	each	LYSINE AGAR	115	115.00
		1	each	SIMMONS CITRATE AGAR	80	80.00
		2	each	D NASE AGAR	90	180.00
		2	each	SELERITE BROTH	65	130.00
		2	each	XLD AGAR	120	240.00
		2	each	EMB AGAR	90	180.00
		1	each	CETRIMIDE	85	85.00
		3	box	ROTA VIRUS KITS	85	255.00
		1	box	HSV1 KITS	35	35.00
		3	box	HEPATITIS C KITS	45	135.00
		2	box	URINE LAM	25	50.00
		2	box	ASOT	120	240.00
		2	each	RHEUMATOIN FACTOR	35	70.00
		5	each	SYPHILIS RDT	30	150.00
		2	box	MALARIA	15	30.00
		1	b/100	TPHA (tests)	30	30.00
PURPOSE OF GOODS: For hospital use (LAB)					75	75.00
Sub Total						2730
VAT						2730
Total RTGS Incl. VAT						5460

MEMBERS OF THE EVALUATION COMMITTEE

Responsible HOD S. N. de Bode

End user N. M. M. M. M.

Procurement Officer C. M. M. M.

Finance Officer C. M. M. M.

COMMENTS/REMARKS

The tender was uploaded on the eGP system and only 3 companies managed to submit their quotation and order was awarded to Elliot.

CHECKED BY DDPS [Signature]

APPROVED BY: Accounting Officer [Signature]

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