

VOCATIONAL EDUCATION & TRAINING AUTHORITY

MOROGORO RVTS

PURCHASE ORDER (PO)

P.O. BOX 2208
Kihonda Kilimanjaro
Morogoro, TZ



Tel No(s): 0232603734
Fax No.: 0232603734
E-mail Address: kihondarvtsc@yahoo
Website: www.veta.go.tz

Vendor No: TC/3.03/000174
Vendor Name: HUSSEINI AND COMPANY
Address: P.O.BOX 665
Address 2: TANGA
City: Tanga

PO NO: PO/3.03/03011
Order Date: 3. May 2020
Activity Code: A2020-21-C21D01
Contract Code:
Cost Centre: Office of Director General
Purchaser Name:

Please supply the following goods/services as detailed below accompanied by delivery Notes, Original Copy of this PO and Invoices.

Type	No.	Description	Unit of Measure	Quantity	Unit Cost	Line Amount
Item	ITC/TRN/10/FIT/00602	Angle iron 2 X4"	Length	7	48,000.00	336,000.00
Total Amount						336,000.00
Total VAT Amount						0.00
Total Net Amount						336,000.00

	Name	Order Date	Signature
Prepared by (P.M.U)	Joseph Riganya	03/05/20	
Checked by (Finance)		03/05/2021	
Authorized by Principal		03-05-2021	
Received by (VENDOR)			PRINCIPAL MOROGORO RVTS - KI

PROCUREMENT REQUISITION

[For Submission to Procurement Management Unit (PMU)]

Name of the Procuring Entity: KIHONDA RVTSC

Procuring Entity Code No: PA/O24

Type of Procurement:

Subject of Procurement:

User Department:

Date Required:

Item No.	Description <small>[A detailed list, Statement of Requirement/Specifications]</small>	Qty	Unit of measure	Estimate unit cost	Estimated total cost+18% VAT
1.	Angle 2x4 Inch (Angle Iron 2x4 inch)	7	PC	48,000.00	336,000.00
Estimated Total Cost with 18% VAT inclusive					336,000.00

User Name George Y. Mfungwa Signature [Signature] Date 3/5/2021

Balance of Fund availability for this procurement (To be filled by finance section)

Vote No.	Name of Programme/Project	Item	Balance
Confirmation of Fund Balance (Head of Finance)	Name <u>D. Sisle</u>	Position <u>Bursar</u>	Date <u>03/05/2021</u>

Signatures are required below to certify submission of request, receipt of request by PMU and authorization to procure by accounting officer:

Submission of request ¹ (Head of Department)	Receipt of Request to Procure (Head of PMU)	Procurement Authorization (Delegated Accounting Officer)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>D. Sisle</u>	Name: <u>I. Riganyo</u>	Name: <u>MALONCO TIC</u>
Position: <u>Ag. Hram</u>	Position: <u>SPU</u>	Position: <u>Principal</u>
Date: <u>03/05/2021</u>	Date: <u>3/5/2021</u>	Date: <u>03/05/2021</u>

¹Any attachments must be signed by the appropriate authority
²The works, services or supplies described above are required and that the Statement of Requirement is accurate.
³This is also confirmation of availability of fund and approval to procure