

06

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATIVE AND LOCAL GOVERNMENT

GEITA REGION
OFFICE

Address: "ADMIN"

Telephone No.: 028 – 2520025
028 – 2520035

Fax. No. 028 - 2520033

Email rasgeita@pmoralg.go.tz+



REGIONAL COMMISSIONER'S

P. O. Box 315,
GEITA.

Local Purchase Order

Under a Framework Agreement

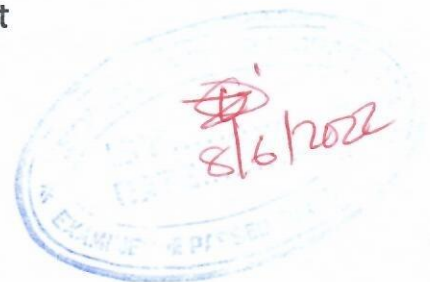
Procurement Reference

Description of Goods/Services: BUILDING MATERIALS

Framework Agreement No:

Mini Competition No:

To: LAUSNICO COMPANY LTD
P.O. BOX 203,
GEITA.



202-22019101-Geita-Bul.

16TH MAY, 2022

Your Quotation in respect to mini competition dated 22/04/2022 is accepted and you are required to supply the goods/services as detailed on the attached Schedule of Requirements and Prices against the terms and conditions contained in this Local Purchase Order (LPO).

The Purchaser indicated above issues this Local Purchase Order for the procurement of common use items and services under the framework agreement referenced above entered into between you and the Government Procurement Services Agency [GPSA].

This Local Purchase Order is subject to the terms and conditions of the framework agreement referenced above. In the event of a conflict, between this Local Purchase Order and the framework agreement, the framework agreement shall prevail.

In consideration of the payments to be made by the Purchaser to the Supplier/Service provider as hereinafter mentioned, the Supplier/Service Provider hereby covenants with the Purchaser to provide the *goods/services* and to remedy defects therein in conformity in all respects with provisions of the Local Purchase Order.

The Purchaser hereby covenants to pay the Suppliers in consideration of the provision of the **goods/services** and the remedying of defects therein, the Contract Price or such sum as may become payable under the provisions of the Local Purchase Order at the terms and in the manner prescribed by the Local Purchase Order.

The Purchaser has issued this Local Purchase Order to the Supplier/Service provider to supply/provide services as listed hereunder in the sum of **11,500,000/=** in accordance with the terms and conditions agreed in the Framework Agreement and this Local Purchase Order

N.B: GOODS

TERMS AND CONDITIONS OF THIS LOCAL PURCHASE ORDER:

Contract Sum: The Contract Sum is **11,500,000/=** {VAT inclusive}

Delivery Period: The goods are to be delivered within **[14]** days from the date of this Local Purchase Order.

Warranty: The warranty/guarantee period is as indicated in the attached Schedule of requirements and Prices (*NA*)

Delivery point: The goods are to be delivered to **RAS GEITA- HEALTH DEPART- RMO-EMD**

Contact Person: Notices, enquiries and documentation should be addressed to *supplies officer at Geita Regional Commissioner's Office*

Payment to Supplier:

Payment will be made immediately on completion of satisfactory performance of the contract. Together with this LPO the following documentation must be supplied for payments to be made:

- An original Invoice;
- A delivery note evidencing dispatch of the goods;
- A copy of Framework Agreement signed with GPSA
- Electronic Fiscal Device (EFD) receipt; and
- A completion certificate signed by a responsible person or committee for certifying satisfactory completion of the order/services.

The following documents form part of this Contract:

- the Framework Agreement signed between GPSA and the Supplier/Service Provider
- the Technical Specifications;
- the General Conditions of the Local Purchase Order;
- the Special Conditions of the Local Purchase Order

Warranty - ,N/A



ii) Schedule of Supplies or Services required : RAS- GEITA – HEALTH DEPART- RMO (EMD)

S/n	Item Code	Description of Supplies or Services	Unit of Measure	Quantity Required	Unit Price	Tax per unit [VAT]	Extended Price (Tshs)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1		CEMENT 42.5N	BG	500	23,000		11,500,000/=
TOTAL							11,500,000/=

For Purchaser:

Signature: _____

Name: _____

Designation: _____

Date: _____

Copy:

ix) GPSA

x) PPRA

For Supplier:

Signature: _____

Name: _____

Designation: _____

Date: _____

