

THE UNITED REPUBLIC OF TANZANIA

1894



REV. 8/99

PO No: 0036KVRHPO2200208

LOCAL PURCHASE ORDER

<b>Date:</b> 21 May 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> MEDICAL STORES DEPARTMENT MSD	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 101-060-195	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> DAR ES SALAAM	<b>Region:</b> Katavi
<b>Region:</b> DAR ES SALAAM	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	vifaa tiba	Lumpsum	1	1,549,354,000.00	0.00	*****1,549,354,000.00
<b>Total Amount Payable:</b>						*****1,549,354,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 24 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: 002200208

Request Prepared by: H. S. S. Mof

Goods/Service to be delivered to: Medical Stores Dept

Authorized By: [Signature]

Expected Date for delivery: 14 Jun 2022

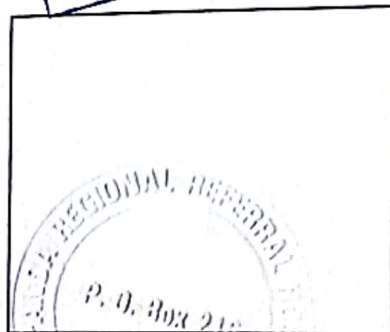
Prepared By: Killoba Ahmed Kabwe

**MEDICAL OFFICER INCHARGE**  
P. O. Box 216  
KATAVI

Approved By: Boniface Lyimo Frank

Purchase Officer

[Signature]



Official Seal

HPMU

[Signature]

Supplier Representative

Accounting Officer

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200077

LOCAL PURCHASE ORDER

**Date:** 07 Feb 2022  
**TO:** HAS AS SON KATAVI ENTERPRISES  
**Payee's TIN:** 141-613-316  
**Payee's Address:** 216 MAJENGO KATAVI  
**Region:** MPANDA

**FROM:** KATAVI REGIONAL REFERRAL HOSPITAL  
**Payer's Code:** 0036KVRH  
**Payer's Address:** KATAVI  
**Region:** Katavi

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	Mchanga	Each	70	80,000.00	0.00	5,600,000.00
Total Amount Payable:						*****5,600,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO 2200077

Request Prepared by: H Sepetu

Goods/Service to be delivered to: MOT

Authorized By: UB

Expected Date for delivery: 08 Feb 2022

Prepared By: KILLOBA KABWE AHMED

MEDICAL OFFICER INCHARGE  
 P. O. Box 216  
 KATAVI

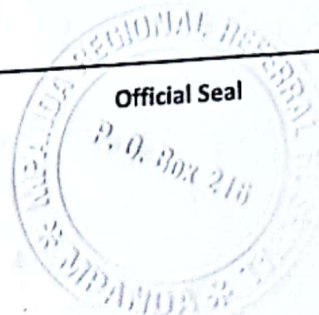
Approved By: BONIFACE FRANK LYIMO

Purchase Officer

HPMU

[Signature]  
 Accounting Officer

[Signature]  
 Supplier Representative



Printed on: Thursday, February 10, 2022 7:52:51AM

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200078

LOCAL PURCHASE ORDER

07 Feb 2022	
GOODLUCK FEDRICK TIMBER	
Supplier's TIN: 123-973-003	FROM: KATAVI REGIONAL REFERRAL HOSPITAL
Supplier's Address: BOX 137 MPANDA	Payer's Code: 0036KVRH
Region: MPANDA	Payer's Address: KATAVI
	Region: Katavi

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	mbao kwa matumizi ya EMD	Lumpsum	1	3,625,000.00	0.00	*****3,625,000.00

Total Amount Payable: \*\*\*\*\*3,625,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO2200078  
 Request Prepared by: A. Legetu  
 Goods/Service to be delivered to: Muse  
 Authorized By: [Signature]

Expected Date for delivery: 08 Feb 2022

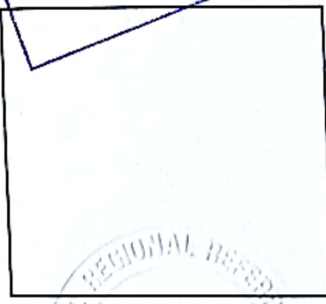
Approved By: BONIFACE FRANK LYIMO

Prepared By: KILLOBA KABWE AHMED

Purchase Officer

Accounting Officer

MEDICAL OFFICER IN CHARGE  
 P.O. Box 216  
 KATAVI



HPMU

Supplier Representative

THE UNITED REPUBLIC OF TANZANIA



REV. B/99

PO No: 0036KVRHPO2200072

LOCAL PURCHASE ORDER

<b>Date:</b> 08 Feb 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> GOODLUCK FEDRICK TIMBER	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 123-973-003	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> BOX 137 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	ununuzi wa mbao	Lumpsum	1	2,370,000.00	0.00	*****2,370,000.00

Total Amount Payable: \*\*\*\*\*2,370,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 0 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: P02200072  
 Request Prepared by: H. Sepetu  
 Goods/Service to be delivered to: MOI  
 Authorized By: [Signature]

Expected Date for delivery: 08 Feb 2022

Prepared By: KILLOBA KABWE AHMED

MEDICAL OFFICER INCHARGE  
 P.O. Box 216  
 KATAVI

Approved By: BONIFACE FRANK LYIMO

Purchase Officer

[Signature]  
 Accounting Officer



Official Seal

HPMU

[Signature]

Supplier Representative

25,231,288

W/H = 764,745.76

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200073

LOCAL PURCHASE ORDER

<b>Date:</b> 04 Feb 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> MBEYA CEMENT CO LTD	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 100-131-153	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> BOX 529 SONGWE	<b>Region:</b> Katavi
<b>Region:</b> MBEYA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	cement for EMD nad ICU	Bag	2,400	18,800.00	0.00	45,120,000.00

Total Amount Payable: 45,120,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 4 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO2200073  
 Request Prepared by: H. Sepeta  
 Goods/Service to be delivered to: Met  
 Authorized By: [Signature]

Expected Date for delivery: 08 Feb 2022

Prepared By: KILLOBA KABWE AHMED

**MEDICAL OFFICER IN CHARGE**  
 P.O. Box 216  
 KATAVI

Approved By: BONIFACE FRANK LYIMO

Purchase Officer

HPMU

[Signature]  
 Accounting Officer



[Signature]  
 Supplier Representative

Mfumo wa Ulipaji Serikalini [MUSE]

Printed on: Thursday, February 10, 2022 7:52:51AM

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200076

*1222849*

LOCAL PURCHASE ORDER

<b>Date:</b> 07 Feb 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> VEDASTO MAGABA NTARUZENZA	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 117-289-133	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> BOX 51 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	vifaa vya ujenzi wa ICU	Lumpsum	1	29,007,000.00	0.00	*****29,007,000.00

Total Amount Payable: \*\*\*\*\*29,007,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO2200076

Request Prepared by: [Signature]

Goods/Service to be delivered to: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Expected Date for delivery: 08 Feb 2022

Prepared By: KILLOBA KABWE AHMED

MEDICAL OFFICER IN CHARGE  
P. O. Box 216  
KATAVI

Approved By: BONIFACE FRANK LYIMO

Purchase Officer



HPMU

*[Signature]*

Accounting Officer

Supplier Representative

Printed on: Thursday, February 10, 2022 7:52:51AM

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200082

LOCAL PURCHASE ORDER

Date: 08 Feb 2022 To: WISTU KOKOTO Payee's TIN: 153-029-644 Payee's Address: S.L.P 449 MPANDA Region: MPANDA	FROM: KATAVI REGIONAL REFERRAL HOSPITAL Payer's Code: 0036KVRH Payer's Address: KATAVI Region: Katavi
--	--

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	Kokoto na mawe ICU	Lumpsum	1	27,650,000.00	0.00	*****27,650,000.00

Total Amount Payable: \*\*\*\*\*27,650,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 0 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: P022020082

Request Prepared by: H. Leppu

Goods/Service to be delivered to: WISTU

Authorized By: [Signature]

Expected Date for delivery: 08 Feb 2022

Prepared By: KILLOBA KABWE AHMED

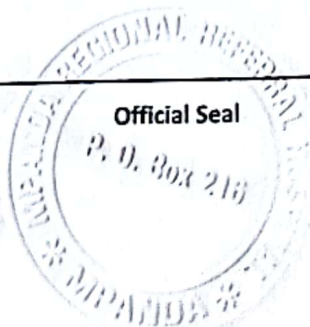
Approved By: BONIFACE FRANK LYIMO

Purchase Officer

HPMU

Accounting Officer

Supplier Representative



Printed on: Tuesday, February 15, 2022 12:38:40PM

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200084

LOCAL PURCHASE ORDER

<b>Date:</b> 08 Feb 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> FAYMAX COMPANY LIMITED	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 133-070-303	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> 81 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	Mchanga ICU	Lumpsum	1	5,600,000.00	0.00	*****5,600,000.00

Total Amount Payable: \*\*\*\*\*5,600,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO 2200084

Request Prepared by: [Signature]

Goods/Service to be delivered to: [Signature]

Authorized By: [Signature]

Expected Date for delivery: 09 Feb 2022

Prepared By: KILLOBA KABWE AHMED

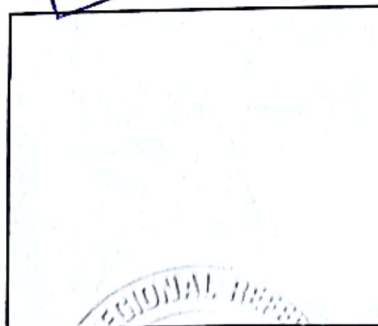
MEDICAL OFFICER INCHARGE  
P. O. Box 216  
KATAVI

Approved By: BONIFACE FRANK LYIMO

Purchase Officer

[Signature]

Accounting Officer



HPMU

[Signature]

Supplier Representative





LOCAL PURCHASE ORDER

<b>Date:</b> 03 Feb 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> KAMAKA COMPANY LIMITED	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 102-158-008	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> BOX 78570	<b>Region:</b> Katavi
<b>Region:</b> DAR ES SALAAM	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	vifaa vya ujenzi	Lumpsum	1	39,626,800.00	0.00	39,626,800.00

Total Amount Payable: \*\*\*\*\*39,626,800.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 5 days with deduction of 2% and or 5% Withholding Tax where appropriate

Purchase Order Request No: PO 2200089

Request Prepared by: H. Sepeta

Goods/Service to be delivered to: MOT

Authorized By: [Signature]

Expected Date for delivery: 08 Feb 2022

Prepared By: KILLOBA KABWE AHMED

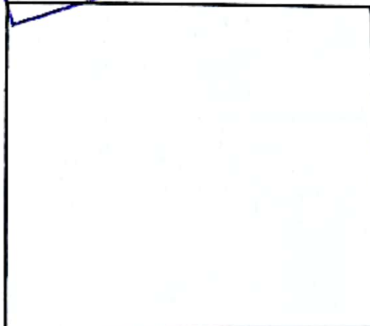
MEDICAL OFFICER INCHARGE  
P. O. Box 210  
KATAVI

Approved By: BONIFACE FRANK LYIMO

Purchase Officer

HPMU

[Signature]



[Signature]

Accounting Officer

Official Seal

Supplier Representative

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200086

LOCAL PURCHASE ORDER

<b>Date:</b> 08 Feb 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> FAYMAX COMPANY LIMITED	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 133-070-303	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> 81 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	kusafirisha tofali	PC	20,000	350.00	0.00	7,000,000.00
<b>Total Amount Payable:</b>						<b>*****7,000,000.00</b>

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 6 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO2200086  
 Request Prepared by: [Signature]  
 Goods/Service to be delivered to: [Signature]  
 Authorized By: [Signature]

Expected Date for delivery: 14 Feb 2022

Prepared By: KILLOBA KABWE AHMED

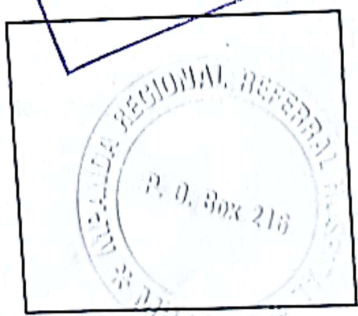
MEDICAL OFFICER INCHARGE  
 P. O. Box 216  
 KATAVI

Approved By: BONIFACE FRANK LYIMO

Purchase Officer

[Signature]

Accounting Officer



Official Seal

HPMU

[Signature]

Supplier Representative



V2201436

TFN.4 (Rv.3/74)

THE UNITED REPUBLIC OF TANZANIA  
PAYMENT VOUCHER - OTHER CHARGES

Station Number ...KATAVI RRH

Ministry RDD/DDD AFYA

Name and Address of Payee,  
**MOI KATAVI IMPREST ACCOUNT,**  
**P.O.BOX 449,**  
**MBEYA.**

By TISS.

TSE 202 22019110 C07SD7

VOTE	SUB-VOTE	ITEM & SUB ITEM	AMOUNT	
			SHS	Cts
52	6007		625,000/=	
Total			625,000/=	

PAYMENT INSTRUCTIONS

PARTICULARS OF PAYMENT		AMOUNT	Cts
MALIPO KWA MTAJWA HAPO JUU, IKIWA NI FEDHA KWA AJILI UNUNUZI WA DAWA YA MCHWA NA GHARAMA ZA VIPIMO		625,000/=	
AUTHORITY: W/F -2021/2022	TOTAL	625,000/=	

CERTIFICATE:

I certify that the above sum of shillings (in words SIX HUNDRED TWENTY FIVE THOUSAND AND ZERO CENTS ONLY. is correctly payable to the above person and the rates of payment/price(s) \*is/are in accordance with regulations/the Terms of the contract and that funds are available under the Sub-vote and Item quoted above to meet this payment.

Signature of Originating Officer  
 Date 16/05/2022

Signature of Authorizing Officer  
 Date 16/05/2022

RECEIPT FORM:  
 Received the said amount.....  
 .....in payment as above this day  
 of.....  
 Signature of Paying Officer

Signature of Witness

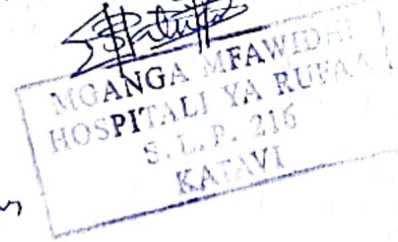
Signature of Payee

MEDICAL OFFICER INCHARGE  
 P.O. Box 216  
 KATAVI

FUNDS ISSUED  
 COMMITMENTS  
 EXPENDITURE  
 TOTAL  
 BALANCE  
 INITIAL  
 DATE

Mwanga Mfawidhi  
Hospitali ya rufaa ya Mkoa-Katavi  
S.L.P 449

Uhasibu  
Mwandali Malipo



KK

Katibu wa Hospitali,  
Hospitali ya rufaa ya Mkoa-Katavi  
S.L.P 449

Ingehitam  
16/05/22

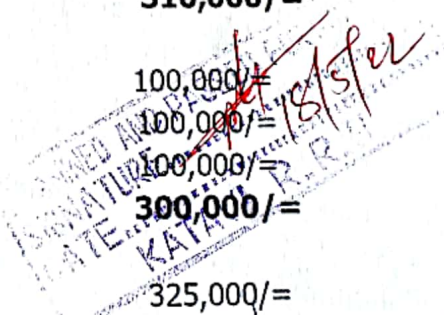
**YAH;OMBI LA MALIPO KIASI CHA SH. 935,000/= KWA AJILI YA KWENDA KUPIMA  
UBORA WA VIFAA VYA UJENZI WA JENGO LA ICU NA EMD PAMOJA NA UNUNUNZI  
WA DAWA YA KUUWA MCHWA MKOA WA MBEYA KUANZIA TAREHE 17-'19/05/2022.**

Tafadhali ninaomba utoe idhini ya malipo tajwa hapo juu kwa ajili ya kwenda kupima ubora wa vifaa vya ujenzi wa jengo la icu na emd pamoja na ununuzi wa dawa ya kuuwa mchwa mkoa wa mbeya kuanzia tarehe 17-'19/05/2022.

Mchanganuo wake nikama ifuatavyo .

1. Eng. Jovita Raphael	
Perdiem 100,000 siku 2 =	200,000/=
Ontransity 100,000*1/2 =	50,000/=
Nauli 30,000 * 2	60,000/=
<b>Jumla</b>	<b>310,000/=</b>
2. Gharama za vipimo	
Nondo mm 8	100,000/=
Nondo MM 12	100,000/=
Nondo MM 16	100,000/=
<b>Jumla</b>	<b>300,000/=</b>
3. Ununuzi wa dawa ya mchwa	
Dawa lita 5 @ 65,000	325,000/=
<b>Jumla kuu</b>	<b>935,000/=</b>

Exp. Acc  
125 310,000 Lips  
22010105 Corser  
125 635,000/- Lips  
16/05/22



Naomba kuwasilisha

Eng. JOVITA RAPHAEL  
MSIMAMIZI WA UJENZI WA HOSPITALI  
HOSPITALI YA RUFAA YA MKOA -KATAVI

16/05/22

Mimi Jovita Raphael Sagday hao tarehe 16/5  
Animepokea fedha kiasi cha Shilingi laki tisa na  
thelathini na taruo (Sh.935,000/=)

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200083

LOCAL PURCHASE ORDER

<b>Date:</b> 07 Feb 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> WISTU KOKOTO	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 153-029-644	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> S.L.P 449 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	Kokoto na mawe ICU	Lumpsum	1	15,860,000.00	0.00	*****15,860,000.00

Total Amount Payable: \*\*\*\*\*15,860,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO2200083

Request Prepared by: H. Sepetu

Goods/Service to be delivered to: Not

Authorized By: [Signature]

Prepared By: KILLOBA KABWE AHMED

MEDICAL OFFICER INCHARGE  
P. O. Box 216  
KATAVI

Expected Date for delivery: 08 Feb 2022

Approved By: BONIFACE FRANK LYIMO

Purchase Officer



HPMU

Accounting Officer

Supplier Representative

Michael

Printed on: Monday, February 28, 2022 3:41:29PM

1704,840

V2201426

THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200166

LOCAL PURCHASE ORDER

<b>Date:</b> 24 Apr 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> FAYMAX COMPANY LIMITED	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 133-070-303	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> 81 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	TOFALI ZA SMPA	Lumpsum	1	85,242,000.00	0.00	*****85,242,000.00

Total Amount Payable: \*\*\*\*\*85,242,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 0 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: P02200166

Request Prepared by: H. Seyoum

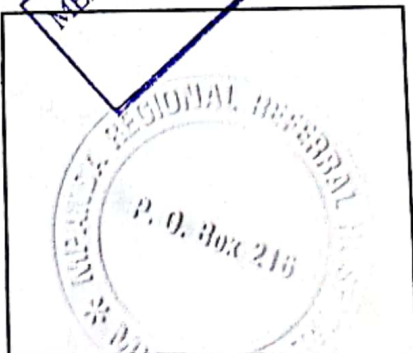
Goods/Service to be delivered to: Man

Authorized By: [Signature]

Prepared By: Killoba Ahmed Kabwe

Approved By: Boniface Lyimo Frank

Purchase Officer



Official Seal

HPMU

[Signature]

Supplier Representative

Accounting Officer

V2201216



TFN.4 (Rv.3/74)

THE UNITED REPUBLIC OF TANZANIA  
PAYMENT VOUCHER - OTHER CHARGES

Station Number ...KATAVI RRH

Ministry RDD/DDD AFYA

HR 202 2114105 Co1D02  
~~HR 201 2209109 607504~~

Name and Address of Payee,  
**JOVITA RAPHAEL SAGDAY**  
 P.O.BOX  
 MPANDA,  
 By TISS.

VOTE	SUB-VOTE	ITEM & SUB ITEM	AMOUNT	
			SHS	Cts
52	6007		3,000,000/=	
Total			1,200,000/=	3,000,000/=

PAYMENT INSTRUCTIONS

PARTICULARS OF PAYMENT		AMOUNT	Cts
MALIPO KWA MTAJWA HAPO JUU, KIWA NI AJILI YA KUMLIPA MTUMISHI ANAYESIMAMIA UJENZI WA HOSPITALI MPYA, MSHAHARA WA MWEZI MACHI 2022		3,000,000/=	
AUTHORITY: W/F -2021/2022	TOTAL	3,000,000/=	

CERTIFICATE:

I certify that the above sum of shillings (in words THREE MILLION AND ZERO CENTS ONLY)

Is correctly payable to the above person and the rates of payment/price(s) \*is/are in accordance with regulations/the Terms of the Contract and that funds are available under the Sub-vote and Item quoted above to meet this payment.

Signature of Originating Officer

Date... 06/04/2022

Signature of Authorizing Officer

Date... 08/04/2022

RECEIPT FORM:

Received the said amount.....  
..... in payment as above this day  
of.....  
Signature of Paying Officer

Signature of Witness

Signature of Payee

RECEIVED  
 EXPENDITURE  
 TOTAL COM & EXP  
 BALANCE  
 INITIALS  
 DATE

THE UNITED REPUBLIC OF TANZANIA



8,220,000 / 2  
180,000 / 2  
V2201358

REV. 8/99

PO No: 0036KVRHPO2200138

LOCAL PURCHASE ORDER

<b>Date:</b> 15 Apr 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> MFUNA INVESTMENT LIMITED	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 129-863-137	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> BOX 216 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	Ergonomic Chair	PC	10	480,000.00	0.00	4,800,000.00
2.	Meeting table	PC	1	4,200,000.00	0.00	4,200,000.00
<b>Total Amount Payable:</b>						<b>*****9,000,000.00</b>

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 10 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: P02200138

Request Prepared by: A-Sepetu

Goods/Service to be delivered to: [Signature]

Authorized By: [Signature]

Expected Date for delivery: 25 Apr 2022

Prepared By: Killoba Ahmed

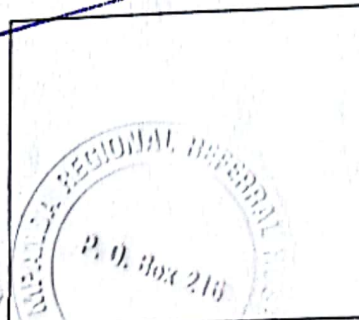
Kabwe

Kny: MGANGA MFAWIDHI  
HOSPITALI YA KUFAA  
S. L. P. 216  
KATAVI

Approved By: Boniface Lyimo Frank

Purchase Officer

[Signature]



Official Seal

HPMU

[Signature]

Supplier Representative

Accounting Officer

Printed on: Monday, May 2, 2022 11:51:54AM



V2201237



LOCAL PURCHASE ORDER

<b>Date:</b> 13 Apr 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> KILUSWA BUILDING CONTRACTOR	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 102-017-692	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> 216 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	KUKODI EXCAVATOR EMD AND ICU	Each	1	20,909,600.00	0.00	*****20,909,600.00
<b>Total Amount Payable:</b>						*****20,909,600.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the P.O.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: P022 00129

Request Prepared by: H-Jepetu

Goods/Service to be delivered to: NOT

Authorized By: [Signature]

Prepared By: Kiloba Ahmed

Kabwe

**MEDICAL OFFICER INCHARGE**  
P. O. Box 216  
KATAVI

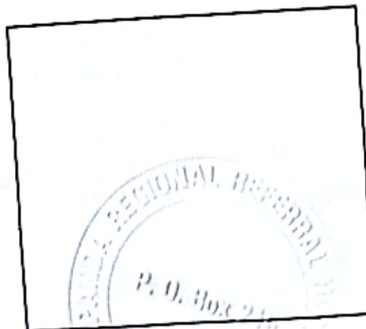
Approved By: Boniface Lyimo Frank

Expected Date for delivery: 14 Apr 202

Purchase Officer

[Signature]

Accounting Officer



Official Seal

HPMU

[Signature]

Supplier Representative



V220/235

TFN.4 (Rv.3/74)

THE UNITED REPUBLIC OF TANZANIA  
PAYMENT VOUCHER – OTHER CHARGES

Station Number ..... KATAVI RRH.....

Ministry RDD/DDD AFYA

Name and Address of Payee,  
**GPSA,**  
**P.O.BOX ,**  
**MPANDA.**

By TISS.

VOTE	SUB-VOTE	ITEM & SUB ITEM	AMOUNT	
			SHS	Cts
52	6007		4,060,000/=	
<b>Total</b>			<b>4,060,000/=</b>	

**PAYMENT INSTRUCTIONS**

PARTICULARS OF PAYMENT		AMOUNT	Cts
MALIPO KWA MTAJWA HAPO JUU, IKIWA NI FEDHA KWA AJILI YA UNUNUZI WA MAFUTA (DIESEL) KWA AJILI YA MTAMBO (EXCAVATOR) KRRH.		4,060,000/=	
<b>TOTAL</b>		<b>4,060,000/=</b>	

AUTHORITY: W/F -2021/2022

**CERTIFICATE:**

I certify that the above sum of shillings (in words) FOUR MILLION AND SIXTY THOUSAND AND ZERO CENTS ONLY. is correctly payable to the above person and the rates of payment/price(s) \*is/are in accordance with regulations/the Terms of the Contract and that funds are available under the Sub-Vote and Item quoted above to meet this payment.

Signature of Originating Officer  
Date..... 19/04/2022

MEDICAL OFFICER INCHARGE  
P. O. Box 216  
KATAVI

Signature of Authorizing Officer  
Date..... 19/04/2022

**RECEIPT FORM:**  
Received the said amount.....  
.....in payment as above this day  
of.....  
Signature of Paying Officer

Signature of Witness

Signature of Payee

FWROS ISSUED.....  
 COMMITMENTS.....  
 EXPENDITURE.....  
 TOTAL COM & EXP.....  
 BALANCE.....  
 INITIAL.....  
 DATE.....



The United Republic of Tanzania  
Government Procurement Services Agency  
Government Bill



Control Number 995450237501  
 Payment Reference GPSB1649852416345  
 Service Provider Code SP545  
 Payer Name KATAVI REGIONAL HOSPITAL  
 Payer Phone 255753829014



In Respect of	Items Description (s)	Quantity	Items Amount
Billed Item (1)	wallet recharge	1	4,060,000
Total Billed Amount			4,060,000 (TZS)

*BE M-28*

Amount in Words FOUR MILLION SIXTY THOUSAND (TZS)  
 Expires On 13 JUL 2022  
 Date Issued 13 APR 2022  
 Collection Center HEAD QUARTER  
 Printed By HENRY MSAMBA SEPETU  
 Printed On APR 13, 2022, 3:11:52 PM  
 Signature *[Signature]*

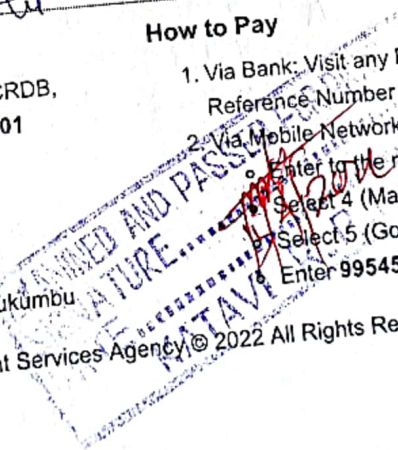
**Jinsi ya Kulipa**

- Kupitia Bank: Fika tawi lolote au wakala wa bank ya CRDB, NMB, BOT. Nambari ya kumbukumbu ni **995450237501**
- Kupitia Mitandao ya Simu
  - Ingia kwenye menu ya mtandao husika
  - Chagua 4 (lipa Bili)
  - Chagua 5 (Malipo ya Serikali)
  - Ingiza **995450237501** kama nambari ya kumbukumbu

**How to Pay**

- Via Bank: Visit any Branch or Bank agent of CRDB, NMB, BOT. Reference Number is **995450237501**
- Via Mobile Network Operators (MNOs)
  - Enter to the respective USSD menu of MNO
  - Select 4 (Make Payment)
  - Select 5 (Government Payment)
  - Enter **995450237501** as reference number

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THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0036KVRHPO2200122

LOCAL PURCHASE ORDER

<b>Date:</b> 18 Mar 2022	<b>FROM:</b> KATAVI REGIONAL REFERRAL HOSPITAL
<b>TO:</b> FAYMAX COMPANY LIMITED	<b>Payer's Code:</b> 0036KVRH
<b>Payee's TIN:</b> 133-070-303	<b>Payer's Address:</b> KATAVI
<b>Payee's Address:</b> 81 MPANDA	<b>Region:</b> Katavi
<b>Region:</b> MPANDA	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	kukodi excavator lori na lowbed emd na icu	Lumpsum	1	16,816,000.00	0.00	*****16,816,000.00

Total Amount Payable: \*\*\*\*\*16,816,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 5 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: P02202122

Request Prepared by: H. Sepetu

Goods/Service to be delivered to: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Prepared By: Killoba Ahmed

Kabwe

**MEDICAL OFFICER INCHARGE**  
P. O. Box 216  
KATAVI

Approved By: Boniface Lyimo

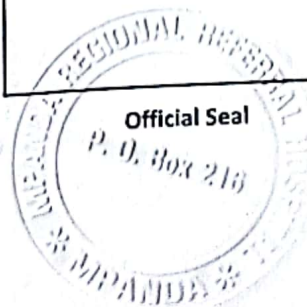
Frank

Purchase Officer

HPMU

Accounting Officer

Supplier Representative



Printed on: 28 March 2022 13:12:17

V2201187



TFN.4 (Rv.3/74)

THE UNITED REPUBLIC OF TANZANIA  
PAYMENT VOUCHER - OTHER CHARGES

Station Number .....KATAVI RRH.....

Ministry RDD/DDD AFYA

Name and Address of Payee.

**GPSA,**  
**P.O.BOX ,**  
**MPANDA.**

By TISS.

CSS 202 22019110 E025

VOTE	SUB-VOTE	ITEM & SUB ITEM	AMOUNT	
			SHS	Cts
52	6007		2,392,920/=	
Total			2,392,920/=	

PAYMENT INSTRUCTIONS

PARTICULARS OF PAYMENT		AMOUNT	Cts
MALIPO KWA MTAJWA HAPO JUU, IKIWA NI KWA AJILI YA UNUNUZI WA MAFUTA (DIESEL) KWA AJILI YA UNUNUZI WA ICU NA EMD.		2,392,920/=	
AUTHORITY: W/F 2021/2022	TOTAL	2,392,920/=	

EXAMINED AND PASSED FOR PAYMENT  
 SIGNATURE: .....  
 DATE: 29/03/2022  
 KATAVI R.R.H

CERTIFICATE:

I certify that the above sum of shillings (in words TWO MILLION THREE HUNDRED NINETY TWO THOUSAND NINE HUNDRED TWENTY AND ZERO CENT ONLY).

is correctly payable to the above person and the rates of payment/price(s) \*is/are in accordance with regulations/the Terms of the Contract and that funds are available under the Sub-vote and Item quoted above to meet this payment.

Signature of Originating Officer

Date.. 29/03/2022

MEDICAL OFFICER INCHARGE  
 P. O. Box 216  
 KATAVI

Signature of Authorizing Officer

Date.. 29/03/2022

RECEIPT FORM:

Received the said amount.....  
 .....in payment as above this day  
 of.....

Signature of Paying Officer

Signature of Witness

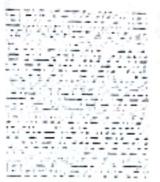
Signature of Payee

FUNDS ISSUED.....  
 COMMITMENTS.....  
 EXPENDITURE.....  
 TOTAL COM & EXP.....  
 BALANCE.....  
 INITIAL.....  
 DATE.....

The United Republic of Tanzania  
Government Procurement Services Agency  
Government Bill

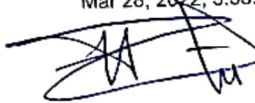


995450234467  
GPSB1648466681118  
SP545  
KATAVI REGIONAL HOSPITAL  
255753829014



Items Description (s)	Quantity	Items Amount
wallet recharge	1	2,392,920
<b>Total Billed Amount</b>		<b>2,392,920 (TZS)</b>

*BLU-28*

Amount in Words: Two Million Three Hundred Ninety Two Thousand Nine Hundred Twenty (TZS)  
Expires On: 28 Jun 2022  
Date Issued: 28 Mar 2022  
Collection Center: HEAD QUARTER  
Prepared By: HENRY MSAMBA SEPETU  
Printed On: Mar 28, 2022, 3:38:16 PM  
Signature: 

EXAMINED AND PASSED FOR PAYMENT  
SIGNATURE: .....  
DATE: KATAVI R.R.H

**Jinsi ya Kulipa**

- How to Pay**
1. Kupitia Bank: Fika tawi lolote au wakala wa bank ya CRDB, NMB, BOT. Nambari ya kumbukumbu ni 995450234467
  2. Kupitia Mitandao ya Simu
    - o Ingiza kwenye menu ya mtandao husika
    - o Chagua 4 (Iipa Bili)
    - o Chagua 5 (Malipo ya Serikali)
    - o Ingiza 995450234467 kama nambari ya kumbukumbu
  1. Via Bank: Visit any Branch or Bank agent of CRDB, NMB, BOT. Reference Number is 995450234467
  2. Via Mobile Network Operators (MNOs)
    - o Enter to the respective USSD menu of MNO
    - o Select 4 (Make Payment)
    - o Select 5 (Government Payment)
    - o Enter 995450234467 as reference number

V2201161



TFN.4 (Rv.3/74)

THE UNITED REPUBLIC OF TANZANIA  
PAYMENT VOUCHER - OTHER CHARGES

Station Number .....KATAVI RRH.....

Ministry RDD/DDD AFYA

Name and Address of Payee,  
**GPSA,**  
**P.O.BOX ,**  
**MPANDA.**

By TISS.

TSE 202

VOTE	SUB-VOTE	ITEM & SUB ITEM	AMOUNT	
			SHS	Cts
52	6007		1,248,480/=	
<b>Total</b>			<b>1,248,480/=</b>	

**PAYMENT INSTRUCTIONS**

PARTICULARS OF PAYMENT	AMOUNT	
	SHS	Cts
MALIPO KWA MTAJWA HAPO JUU, IKIWA NI FEDHA KWA AJILI YA UNUNUZI WA MAFUTA (DIESEL) KWA AJILI YA UJENZI WA ICU NA EMD.	1,248,480/=	
<b>TOTAL</b>	<b>1,248,480/=</b>	

AUTHORITY: W/F -2021/2022

**CERTIFICATE:**

I certify that the above sum of shillings (in words) ONE MILLION TWO HUNDRED FORTY EIGHT THOUSAND FOUR HUNDRED EIGHTY AND ZERO CENT ONLY.

is correctly payable to the above person and the rates of payment/price(s) \*is/are in accordance with regulations/the Terms of the Contract and that funds are available under the Sub-vote and Item quoted above to meet this payment.

Signature of Originating Officer *G. H. M.*  
 Date... 28 / 03 / 2022

**MEDICAL OFFICER INCHARGE**  
 P. O. Box 216  
 KATAVI

Signature of Authorizing Officer *Ab*  
 Date... 29 / 03 / 2022

**RECEIPT FORM:**

Received the said amount.....  
 .....in payment as above this day  
 of.....  
 Signature of Paying Officer

Signature of Witness

Signature of Payee

FUNDS ISSUED.....
COMMITMENTS.....
EXPENDITURE.....
TOTAL BUDGET EXP.....
BALANCE.....
INITIAL.....
DATE.....



The United Republic of Tanzania  
Government Procurement Services Agency  
Government Bill



Control Number 995450233504  
Payment Reference GPSB1648015390491  
Service Provider Code SP545  
Payer Name KATAVI REGIONAL HOSPITAL  
Payer Phone 255753829014



In Respect of	Items Description (s)	Quantity	Items Amount
Billed Item (1)	wallet recharge	1	1,248,480
<b>Total Billed Amount</b>			<b>1,248,480 (TZS)</b>

Amount in Words One Million Two Hundred Forty Eight Thousand Four Hundred Eighty (TZS)

Expires On 23 Jun 2022  
Date Issued 23 Mar 2022  
Collection Center HEAD QUARTER  
Prepared By HENRY MSAMBA SEPETU  
Printed On Mar 23, 2022, 8:52:44 AM  
Signature

### Jinsi ya Kulipa

- Kupitia Bank: Fika tawi lolote au wakala wa bank ya CRDB, NMB, BOT. Nambari ya kumbukumbu ni **995450233504**
- Kupitia Mitandao ya Simu
  - Ingia kwenye menu ya mtandao husika
  - Chagua 4 (lipa Bili)
  - Chagua 5 (Malipo ya Serikali)
  - Ingiza **995450233504** kama nambari ya kumbukumbu

### How to Pay

- Via Bank: Visit any Branch or Bank agent of CRDB, NMB, BOT. Reference Number is **995450233504**
- Via Mobile Network Operators (MNOs)
  - Enter to the respective USSD menu of MNO
  - Select 4 (Make Payment)
  - Select 5 (Government Payment)
  - Enter **995450233504** as reference number

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LOCAL PURCHASE ORDER

Date: 07 Feb 2022  
 Issued by: VEDASTO MAGABA NTARUZENZA  
 Supplier's TIN: 117-289-133  
 Supplier's Address: BOX 51 MPANDA  
 Region: MPANDA

FROM: KATAVI REGIONAL REFERRAL HOSPITAL  
 Payer's Code: 0036KVRH  
 Payer's Address: KATAVI  
 Region: Katavi

Warrant Holder:

Base Supply Goods/ Services Detailed below:

QTY	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1	vifaa vya ujenzi EMD	Lumpsum	1	36,608,000.00	0.00	*****36,608,000.00

Total Amount Payable: \*\*\*\*\*36,608,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: PO2201080  
 Request Prepared by: H-Sepetu  
 Goods/Service to be delivered to: Net  
 Authorized By: Ulla

Expected Date for delivery: 08 Feb 2022

Prepared By: KILLOBA KABWE AHMED

MEDICAL OFFICER INCHARGE  
 P. O. Box 216  
 KATAVI

Approved By: BONIFACE FRANK LYIMO

Purchase Officer

HPMU

Accounting Officer

Official Seal

Supplier Representative

