

12201585

PO No: 0036KVRHPO2200179

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-				
7	-	۰	~	٠

24 May 2022

TO:

GOODLUCK FEDRICK TIMBER

Payee's TIN:

123-973-003

Payee's Address BOX 137 MPANDA

Region:

MPANDA

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Region:

Katavi

Warrant Holder:

1	Please Si	upply Goods/ Services Detailed below:		TOTAL AMOUNT
Ī	00	ITEM DESCRIPTION	UOM	QTY UNIT PRICE VAI 1 28,963,100.00; 0.00; 23,963,100.00;
ī		Thinks in	Lumnsum	1 28,965,100.00

Total Amount Payable:

*******28,963,100.00

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Prepared By:

Killoba

Ahmed

Kabwe

MEDICAL OFFICER

P. O. Box 216

KATAVI

Approved By:

HPMU

Boniface

Frank

Expected Date for delivery: 25 May 2022

Purchase Officer

Accounting Officer

Official Seal

Supplier Representative

Mfumo wa Ulipaji Serikalini [MUSE]

Printed on: 01 June 2022 11:47:29



12201584

REV. 8/99

PO No: 0036KVRHPO2200175

LOCAL PURCHASE ORDER

Date:

20 May 2022

TO:

ANDO ROOFING PRODUCTS LTD

Payee's TIN:

105-862-288

Payee's Address P.O BOX 20653

Region:

KILIMANJARO

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

Payer's Address: KATAVI

LOTPICER INCHARGE

P.O. Box 216

0036KVRH

Region:

Katavi

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY			TOTAL AMOUNT
1.	UNUNUZI WA BATI ICU	Lumpsum	1	20,721,900.00	0.00	20,723,

Total Amount Payable:

*********20,721,900.00

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 4 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Killoba Prepared By:

Ahmed

Kabwe

Approved By:

Boniface

Expected Date for delivery: 24 May 202

Frank

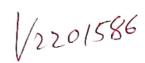
HPMU

Purchase Officer

Accounting Officer

Official Seal

Supplier Representative





REV. 8/99

PO No: 0036KVRHPO2200183

LOCAL PURCHASE ORDER

20 May 2022 Date: ANDO ROOFING PRODUCTS LTD TO: 105-862-288 Payee's TIN:

Payee's Address P.O BOX 20653

KILIMANJARO Region:

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

Warrant Holder:	VAT	TOTAL AMOUNT
Please Supply Goods/ Services Detailed below:	UOM QTY UNIT PRICE Lumpsum 1: 29,509,500.00 0.00 Total Amount Payable:	29,509,500.00
NO ITEM DESCRIPTION	29,509,500.55 Lumpsum 1 29,509,500.55	*********29,509,500.00
1. BATI EMD	Total Amount Payables	

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO. 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 5 days with deduction of 2% and or 5%, Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by: Goods/Service to be delivered to:

Authorized By:

Killoba Prepared By:

Ahmed

Kabwe

FICER INCHARGE

Approved By:

Boniface

Lyimo

Expected Date for delivery: 25 May 2022

Frank

Purchase Officer

Accounting Officer

Official Seal

WHIRE A.

HPMU

Supplier Representative

Printed on: 01 June 2022 11:47:



12201587

PO No: 0036KVRHPO2200181

LOCAL PURCHASE ORDER

Date:

24 May 2022

TO:

GOODLUCK FEDRICK TIMBER

Payee's TIN:

123-973-003

Payee's Address BOX 137 MPANDA

Region:

MPANDA

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Region:

Katavi

Warrant Holder:

vvaile	ill Holder		TALLOUIS
Pleas	e Supply Goods/ Services Detailed below		UNIT PRICE VAT TOTAL AMOUNT
NO	ITEM DESCRIPTION	UOM QIY	UNIT PRICE VAT 36,978,200.00; 36,978,200.00; 36,978,200.00; 36,978,200.00
1.	MBAO EMD	Lumpsum	********36,978,200.00

Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order. 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Kabwe

MEDICAL OFFICER INCHARGE P.O. Box 216

pved By: Appr

Frank

Prepared By:

Killoba

KATAVI

HPMU

Expected Date for delivery: 25 May 2022

Boniface

Lyimo

Ahmed

Purchase Officer

Accounting Officer

Official Seal



12201588

REV. 8/99

PO No: 0036KVRHPO2200189

LOCAL PURCHASE ORDER

ite:

24 May 2022

to:

MADEMA CO LTD

Payee's TIN:

135-045-144

Payee's Address BOX 62 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:

ricase 3	apply Goods/ Services Detailed below.			UNIT PRICE	VAT	TOTAL AMOUNT
NO	ITEM DESCRIPTION	иом	QTY		0.00:	**********3,028,000.00
	11.46	Lumpsum	1	3,028,000.00		

MEDICAL OFFICER INCHARGE

Total Amount Payable:

**********3,028,000.00

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO. 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Prepared By:

Killoba

Ahmed

Approved By:

Boniface

Expected Date for delivery: 25 May 2022

Lyimo

Frank

Purchase Officer

Accounting Officer

P. O. Box 2

Official Seal

HPMU

Supplier Representative

Printed on: 01 June 2022 1



1/2201589

REV. 8/99

PO No: 0036KVRHPO2200176

LOCAL PURCHASE ORDER

Date:

02 May 2022

TO:

GOODWILL TANZANIA COMPANY LTD

Payee's TIN:

127-975-116

Payee's Address BOX 11049, MKURANGA

Region:

MKURANGA

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address:

KATAVI

Region:

Katavi

Warrant Holder:

D	Warrant	: Holder:		TOTAL AMOUNT
	Please S	upply Goods/ Services Detailed below	UNIT PRICE	VAII
	NO	ITEM DESCRIPTION	UOM QTY UNIT PRICE 1 20,170,920.00	0.00
	1.	TILES ICU	UOM QTY UNIT PRICE Lumpsum 1 20,170,920.00;	**************************************

Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 22 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Killoba Prepared By:

Ahmed

Kabwe

Expected Date for delivery: 24 May 2022

Approved By: Boniface

Lyimo

Frank

Purchase Officer

Accounting Officer

Official Seal

HPMU

Supplier Representative

Printed on: 01 June 2022 11:47:29



1201590

REV. 8/99

PO No: 0036KVRHPO2200186

LOCAL PURCHASE ORDER

Date:

24 May 2022

TO:

KAMAKA COMPANY LIMITED

Payee's TIN:

102-158-008

Payee's Address BOX 78570

Region:

DAR ES SALAAM

FROM:

Region:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Katavi

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	иом	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	gypsum board	Lumpsum	1	8,541,900.00	0.00	**********8,541,900.00

Total Amount Payable:

*******8,541,900.00

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Kabwe

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Killoba

Ahmed

Authorized By:

Prepared By:

OFFICER INCHARGE

MEDICAL P.O. Box 216

KATAVI

Approved By:

Boniface Lyimo

Expected Date for delivery: 25 May 2022

Frank

Purchase Officer

Accounting Officer

Official Seal

HPMU

Supplier Representative

Printed on: 01 June 2022 11:47:2





2201591

REV. 8/99

PO No: 0036KVRHPO2200185

LOCAL PURCHASE ORDER

Date:

24 May 2022

TO:

MADEMA CO LTD

Payee's TIN:

135-045-144

Payee's Address BOX 62 MPANDA

Region:

MPANDA

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Region:

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	иом	QTY			
1.	vifaa vya gutter	Lumpsum	1	3,028,000.00	0.00	

Total Amount Payable:

****3,028,000.00

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

MEDICAL OF KATAVI

Prepared By:

Killoba

Ahmed

Kabwe

Approved By:

Boniface Lyimo

Expected Date for delivery: 25 May 20

Frank

Purchase Officer

P. O. Agg 2 Official Seal **HPMU**

Supplier Representative

Accounting Officer





REV. 8/99

PO No: 0036KVRHPO2200180

LOCAL PURCHASE ORDER

ate:	11 May 2022						
0:	INSIGNIA			FROM:	KATAVI REGIONAL F	REFERRAL HOSPI	TAL
ayee's TIN:	NA			Payer's Code:	0036KVRH		
ayee's Addres	s BOX 2170 MBEYA	••••••		Payer's Address:	KATAVI		
Region:	KATAVI)		Region:	Katavi		
Varrant Holder			\				
	oods/ Services Detailed be		QT	UNIT P	RICE	VAT	TOTAL AMOUNT
	DESCRIPTION UZI WA RANGI EMD	Lumpsum	-	9,704,9		0.00	******9,704,910.00
TERMS AND C				To	al Amount Payable	: ******	****9,704,910.00
Purchase Ord	e to be delivered to:	POZZO MEDICAL Ó	101 2018 218	2 tu		cted Date for de	elivery: 24 May 20
Prepared By	Kah		O. Box 210 KATAVI		Approved By:	Boniface Lyimo	Frank
					нрми		
Purchase C	Officer	7					
	And	-	935 P. 0	MM. Harris	2	大艺	

Official Seal

Accounting Officer

Scanned with CamScanner





REV. 8/99

PO No: 0036KVRHPO2200177

LOCAL PURCHASE ORDER

	24 May 2022
	KAMAKA COMPANY LIMITED
yee's TIN:	102-158-008
ayee's Address	BOX 78570

DAR ES SALAAM

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

Warrant Holder:

Region:

Warrant Holder:	TOTAL AMOUNT
Please Supply Goods/ Services Detailed below:	VAI
NO ITEM DESCRIPTION UOM QTY	UNIT PRICE VAT 0.00: 8,431,900.00: 8,431,900.00:
1. gypsum board Lumpsum 1	8,431,900.00; 0.00; ************8,431,900.00

Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO. 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Kabwe

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Prepared By:

Killoba Ahmed

MEDICAL OFFICER INCHARGE P.O. Box 216

KATAVI

Approved By:

Boniface Lyimo

Frank

Expected Date for delivery: 25 May 2022

Purchase Officer

Accounting Officer

HPMU

Supplier Representative

Official Seal

Mfumo wa Ulipaji Serikalini [MUSE]

Printed on: 01 June 2022 11:47:



12201595

REV. 8/99

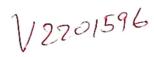
PO No: 0036KVRHPO2200182

LOCAL PURCHASE ORDER

	A Company of the Comp		LALPURCH	IASE ORDER		
	12 May 2022 INSIGNIA LIMITED	•••••		FROM:	KATAVI REGIONAL REFERI	RAL HOSPITAL
N:	NA		11	Payer's Code:	0036KVRH	
		•••••	[]	Payer's Address:		
Address	KATAVI	• • • • • • • • • • • • • • • • • • • •			Katavi	
	NATAVI			Region:		
rant Holder:	ods/ Services Detailed belo	w:				TOTAL AMOUNT
The property	SCRIPTION	иом	QTY	UNIT PE		10122 21113 2113
RANGIIC		Lumpsum	1	9,101,34	0.00	3,101,0
				Tota	I Amount Payable:	**********9,101,340.00
1. Your invoices sh 2. The Purchase O 3. 12 days with de Purchase Order Re Request Prepared Goods/Service to be Authorized By:	nould be submitted together rder Number must be quote duction of 2% and or 5% Wi equest No: by: by: duction of 2% and or 5% Wi duction of 2% Wi duction of	POZZ	Septonical OF	vant to this order. iate. FICER INCHA BOX 216	Expected Date RGE Approved By: Bonife	
	lloba Kabwe nmed		20101111	· Hear	HPMU	-90
	Anna .		P. O. Pos			\$

Accounting Officer

Scanned with CamScanner





REV. 8/99

PO No: 0036KVRHPO2200178

LOCAL PURCHASE ORDER

ate:

24 May 2022

TO:

SAMSWAGA ELECTRICAL CONTRACTOR CO LTD

Payee's TIN:

139-758-765

Payee's Address BOX 132 MPANDA

Region:

MPANDA

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Region:

Katavi

Warrant Holder:

4	Warrant Holder:		TALOUNT
Ħ	Please Supply Goods/ Services Detailed below	V)	TOTAL AMOUNT
	NO ITEM DESCRIPTION	UOM	.00
	NO ITEM DESCRIPTION	UOM	
	1 VIFAA VYA UMEME	. n	*****

Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO. 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Expected Date for delivery: 25 May

Boniface

Lyimo

Frank

Prepared By:

Killoba Ahmed Kabwe

MEDICAL OFFICER INCHARGE P.O. Box 216

KATAVI

HPMU

Approved By:

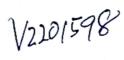
Purchase Officer

Official Seal

Supplier Representative

Accounting Officer

Printed on: 01 June 202





REV. 8/99

PO No: 0036KVRHPO2200195

LOCAL PURCHASE ORDER

	1	LOCAL PL	JRCHASE C	RDER				
	02 May 2022 GOODWILL TANZANIA COM	 PANY LTD	FRC	DM:	KATAVI REGIO	NAL REFERR	AL HOSPITAL	
TIN:	127-975-116		Pay	jer's Code:	0036KVRH			
			Par	yer's Address:	KATAVI			
s Addre	ss BOX 11049, MKURANGA		11	gion:	Katavi			
in:	MKURANGA		"	gion.				
rant Hold								OTAL AMOUNT
The Control of	Goods/ Services Detailed belo		QTY	UNIT	PRICE	VAT	10	**21,336,480.00
11	M DESCRIPTION	MOU	بالبيب	21 336	480.00	0.00		
ITE	W DESCRIPTION		116	21,000				
;;TIL		Lumpsum	11			avable:	******	*21,336,480.00
		Lumpsum	111		otal Amount P	_{ayable} :	******	*21,336,480.00
1. Your in 2. The Pu 3. 53 day Purchas Reques		ether with the origina quoted on all commu % Withholding Tax w	al of the LPO inications rel	evant to this or	rder.			*21,336,480.00

Accounting Officer



V2201599

REV. 8/99

PO No: 0036KVRHPO2200196

LOCAL PURCHASE ORDER

Date:

02 May 2022

TO:

MBEYA CEMENT CO LTD

Payee's TIN:

100-131-153

Payee's Address BOX 529 SONGWE

Region:

MBEYA

Payer's Address: Region:

FROM:

Payer's Code:

KATAVI REGIONAL REFERRAL HOSPITAL

0036KVRH

KATAVI

Katavi

Warrant Holder:

Please Supply Goods/ Services Detailed below:

	P			77105	VAT	TOTAL AMOUNT
NO	ITEM DESCRIPTION	иом	QTY	UNIT PRICE	****	*********22,560,000.00
		,		22.560.000.00	0.00	22,300,000.001
16.2	Cement FMD na ICU	Lumpsum	; 1;	22,560,000.00		

Total Amount Payable:

*********22,560,000.00

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 23 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to: Authorized By:

Prepared By:

Killoba

Ahmed

Kabwe

OFFICER INCHARGE MEDICAL P.O. Box 216

KATAVI

pproved By:

Boniface Lyimo

Expected Date for delivery: 25 May 202

Frank

Purchase Officer

Accounting Officer

HPMU

 $\rho_{e} q_{e} q_{g\gamma}$ Official Seal

Supplier Representative

Printed on: 03 June 2022 09:0



REV. 8/99

PO No: 0036KVRHPO2200227

LOCAL PURCHASE ORDER

Date:

24 May 2022

TO:

DESIRI COMPANY LIMITED

Payee's TIN:

143-829-693

Payee's Address S.L.P 149 MPANDA

Region:

MPANDA

FROM:

Region:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Katavi

Warrant Holder:

Please Supply Goods/ Services Detailed below:

UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
Lumpsum	: 4	49,858,000.00	0.00	********49,858,000.00

Total Amount Payable:

*49,858,000.00

TERMS AND CONDITION:

1. Your invoices should be submitted together with the original of the LPO.

2. The Purchase Order Number must be quoted on all communications relevant to this order.

3. 13 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Expected Date for delivery: 06 Jun 202

Prepared By:

Killoba

Ahmed

Kabwe

OFFICER INCHARGE P.O. Box 216

KATAVI

Approved By:

HPMU

Boniface

Lyimo

Frank

Purchase Officer

Accounting Officer

Official Seal

1903

REV. 8/99

PO No: 0036KVRHPO2200221



LOCAL PURCHASE ORDER

1	TO: Payee's TIN:	03 Jun 2022 DESIRI COMPANY LIMITED 143-829-693 S.L.P 149 MPANDA MPANDA		FROM: Payer's Code: Payer's Address: Region:	KATAVI REGIONAL REFERR 0036KVRH KATAVI Katavi	AL HOSPITAL
1	Warrant Holder:				VAT	TOTAL AMOUNT
	Please Supply Go	oods/ Services Detailed below:		QTY UNIT	PRICE	17,060,000.0
	NO ITEM D	ESCRIPTION	100W	17,060,	0.00	
	1. Vifaa vy	a ujenzi	Lumpsum		otal Amount Payable:	********17,060,000.0
	TERMS AND CO					Z Z
	2. The Purchase 3. 7 days with of Purchase Orde Request Prepa	red by: to be delivered to:	POZZOO Z			Date for delivery: 10 Jun 2
	Prepared By:	M Kahwe	EDICAL OFFICER P. O. Box KATAV	216	AUDIOVEC	oniface Frank yimo
	Purchase O	fficer	S. Jeenin	DAL BESTER	нрми	
	Accountin	ng Officer	33	Official Seal	Supplier Repr	esentative



REV. 8/99

PO No: 0036KVRHPO2200220

IACAL	PURCHASE	OBDED
LOCAL	PURCHASE	OKDEK

Date:

03 Jun 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 belo				VAT	TOTAL AMOUNT
NO	ITEM DESCRIPTION	иом	QTY	UNIT PRICE 36,698.00	0.00	*******6,605,640.00
11	i mawo	Cubic Meter	180	36,698.00		

Total Amount Payable:

**********6,605,640.00

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 7 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Prepared By:

Killoba

Expected Date for delivery: 10 Jun 2022

FICER INCHARGE

P. O. Box 216

KATAVI

Boniface

Frank

Ahmed

Kabwe

Approved By:

Lyimo

Purchase Officer

Accounting Officer

HPMU

Official Seal

Supplier Representative

Printed on: Monday, June 20, 2022 8:51:23A



REV. 8/99

PO No: 0036KVRHPO2200234

ATD STATE		LOC	AL PURCH	ASE ORDER			
Date: TO: Payee's TIN: Payee's Address Region:	03 Jun 2022 DESIRI COMPANY LIMITED 143-829-693 S.L.P 149 MPANDA MPANDA			FROM: Payer's Code: Payer's Address: Region:	KATAVI REGIONAL 0036KVRH KATAVI Katavi	REFERRAL HOSP	ITAL
Warrant Holder:							TOTAL AMOUN
Please Supply Goo	ds/ Services Detailed below		QTY	UNIT P	RICE	VAT	101742 745 000
NO ITEM DE	SCRIPTION	UOM		2 445 00		0.00	
1. vifaa vya r	naji	Lumpsum	1				****3,445,000.
1. Your invoices sh 2. The Purchase Or 3. 3 days with dedu	ould be submitted together der Number must be quoted action of 2% and or 5% With	with the original d on all commun holding Tax whe	of the LPO. ications rele re appropria	evant to this order	E	Otoka Producenski	
Purchase Order Red Request Prepared b Goods/Service to be Authorized By:		MEDICA MEDICA	Pale	U NCHARGE	Expe	ected Date for de	elivery: 06 Jun 3
Prepared By: Killo	oba Kabwe ned	MEDICA	P. O. Box	X 210 AVI	Approved By:	Boniface Lyimo	Frank
Purchase Officer		(0)0)	M. Bey	V _N	нрми	F (2)	•

Accounting Officer



PO Na: 0036KVRHPO2200223

LOCAL PURCHASE ORDER

AND A								1
Date:	27 May 2022						ATIOSOL LOCAL	
то:	VEDASTO MAGABA NTARUZI	ENZA		FROM:	KATAVI R	EGIONAL REF	ERRAL HOSPITAL	
Payee's TIN:	117-289-133			Payer's Code:	0036KVR	H 		
Sales of the sales	BOX 51 MPANDA			Payer's Address	: KATAVI			
Region:	MPANDA			Region:	Katavi			
Region.								
Warrant Holder:								
	ods/ Services Detailed below:			UNIT	DRICE	V	AT TO	TAL AMOUN
	SCRIPTION	UOM	QTY	J		0.	.00	**31,134,000.0
1. NONDO		Lumpsum	1					*31,134,000.
				То	tal Amou	nt Payable:	*********	31,134,000
						1	Mr.	
TERMS AND CON	DITION:					10 × 1		
2. The Purchase O 3. 1 days with dea Purchase Order R Request Prepared Goods/Service to Authorized By:	I by:	POLICE	Te property of the control of the co	CER INCFIAR	The state	AVI	ed Date for deliv	
Fichaica - I	(illoba Kabwe Ahmed	1,12	P. O. I	IAVI	App	oroved By:	Boniface Lyimo	Frank
Purchase Office	er				НР	MU		
	Jan		0, 9 ₀₃	110 Page 1		5	A-To	
Accounting Of	ficer			ial Seal	S	upplier Re	presentative	

Accounting Officer



REV. 8/99

PO No: 0036KVRHPO2200226

LOCAL PURCHASE ORDER

Date:

28 May 2022

TO:

SAMSWAGA ELECTRICAL CONTRACTOR CO LTD

Payee's TIN:

139-758-765

Payee's Address BOX 132 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:

Please Supply Goods/ Services Detailed below:					VAT	TOTAL AMOUN
NO	ITEM DESCRIPTION	иом	QTY	UNIT PRICE		*********1,000,000.0
1.	vifaa vya umeme	Lumpsum	1	1,000,000.00	0.00	

Total Amount Payable:

*1,000,000.

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 10 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Expected Date for delivery: 07 Jun

Prepared By:

Killoba

Ahmed

Kabwe

MEDICAL OFFICER INCHARGE P.O. Box 216

KATAVI

Approved By:

Boniface

Lyimo

Frank

Purchase Officer

HPMU

Supplier Representative

Accounting Officer



REV. 8/99

PO No: 0036KVRHPO2200224

LOCAL PURCHASE ORDER

Date:	02 Jun 2022
TO:	WISTU KOKOTO
Payee's TIN:	153-029-644
Payee's Address	S.L.P 449 MPANDA
Region:	MPANDA

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

Warrant Holder:

Please :	Supply Goods/ Services Detailed belo	w:	anice	VAT	TOTAL AMOUNT
NO	ITEM DESCRIPTION	UOM	QTY UNIT PRICE	0.00	********33,689,519.20
1.	MAWE NA MCHANGA	Lumpsum		Povable:	********33,689,519.20

Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO. 2. The Purchase Order Number must be quoted on all communications relevant to this order.

MEDICAL

3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Prepared By:

Killoba Ahmed Kabwe

KATAVI

Approved By:

Boniface Lyimo

Frank

Expected Date for delivery: 03 Jun 2022

Purchase Officer

Accounting Officer

Official Seal

HPMU

Supplier Representative

Printed on: Monday, June 20, 2022 8:51:23AM



REV. 8/99

PO No: 0036KVRHPO2200225

		CAL PURCHA	SE ORDER			
Date: 12 May 2022 TO: DESIRI COMPANY LIMITED Payee's TIN: 143-829-693 Payee's Address S.L.P 149 MPANDA Region: MPANDA		F	FROM: Payer's Code: Payer's Address: Region:	0036KVRH	ONAL REFERRAL	HOSPITAL
Warrant Holder:						
Please Supply Goods/ Services Detailed belo	w:		UNIT P	DICE	VAT	TOTAL AMOUNT
NO ITEM DESCRIPTION	иом	QTY			0.00	********13,770,000.00
nondo na misumari	Lumpsum	1	13,770,00	00.00		
			Tot	al Amount Pa	yable: **	********13,770,000.00
				••••		
TERMS AND CONDITION:						-
1. Your invoices should be submitted together	er with the origina	of the LPO.	ant to this orde	r.		1
1. Your invoices should be submitted togethe 2. The Purchase Order Number must be quot 2. The Purchase Order Number of 3% and or 5% Wi	ted on all commun	ere appropriat	te.		A. C.	Maria A
 The Purchase Order Number must be quot 4 days with deduction of 2% and or 5% Wi 	0				The state of the s	- 10 m
n and No.	10220	2220	_	لنتات	Sty les	for delivery: 16 May 20
Purchase Order Request No:	14-	Serson	 	Company of the	Shalling	Gardalayany: 16 May 20
Request Prepared by: ——		103		30 D. T.	Expensed Date	doi delivery.
Goods/Service to be delivered to:		A DET		Hilly Aller	12 M. 100	
		Sterna	47	All 18 100	C. L. J. Janear	
Authorized By:		- SCICE	R INCHARG	EVIVE	· F	
	MEDIC	P. O. Box	216	Approve	d By: Bonifac	ce Frank
Prepared By: Killoba Kabwe	1.	P. O. BOX		May 3	Lyimo	
Ahmed	1	KALF				
				¬ —		
	i la			HPMU		
Purchase Officer						
					1 1	<i></i>
					SA	
	1, 1, 1,	Salat B				-10
ω	130	310	13.25		V	**
Man	- (37		12			
	191	D 0	100			
		$p, \eta, \eta_{o, c}$	316 /2.			
Accounting Officer	(3)	Official	Seal	Suppl	ier Represen	tative
COUNTING OTHER	1 200					

V1919



REV. 8/99

PO No: 0036KVRHPO2200222

LOCAL PURCHASE ORDER

TO: Payee's TIN: Payee's Address Region:	GOODLUCK FEDRICK TIMBER 123-973-003 BOX 137 MPANDA MPANDA			FROM: Payer's Code: Payer's Address: Region:	KATAVI REGIONAL 0036KVRH KATAVI Katavi	REFERRAL HOSP	ITAL
Warrant Holder:							TOTAL AMOUNT
	ods/ Services Detailed below:	av	QTY	UNIT P	RICE	VAT	******3,095,000.00
NO ITEM D	ESCRIPTION	иом	1	3,095,0	00.00	0.00	
12	A MRUNDA	Lumpsum	(1	Tot	al Amount Payable	: ******	*****3,095,000.00
2. The Purchase 3. 7 days with de Purchase Order F	should be submitted together voorder Number must be quoted eduction of 2% and or 5% With Request No:	2022 U	0223 Sep-		THE Expe	ected Date for d	elivery: 10 Jun 202
	Killoba Kabwe Ahmed	MED	ICAL OF	FICER INCHAS BOX 216 KATAVI	Approved By:	Lyimo	
Purchase Office	er .		B B B	nogang.	THE CONTRACTOR OF THE CONTRACT	DI.	

Official Seal

Accounting Officer

V 1920



REV. 8/99

PO No: 0036KVRHPO2200228

LOCAL PURCHASE ORDER

24 May 2022 Date: DESIRI COMPANY LIMITED TO: 143-829-693 Payee's TIN: Payee's Address S.L.P 149 MPANDA **MPANDA** Region:

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



Warrant Holder:	TOTAL AMOUNT
Please Supply Goods/ Services Detailed below:	QTY
NO ITEM DESCRIPTION COM	QTY
frame na milango EMD	**************************************

Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order. 3. 13 days with deduction of 2% and or 5% Withholding Tax where appropriate.

MEDICAL

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

Prepared By:

Killoba Ahmed Kabwe

KATAVI

Approved By:

Boniface Lyimo

Frank

Expected Date for delivery: 06 Jun 202:

Purchase Officer

Accounting Officer

Official Seal

HPMU



REV. 8/99

PO No: 0036KVRHPO2200270

ED

Date: 15 Jun 2022 TO: **ELDARD BASHASHA KAPOCHO** Payee's TIN: 103-962-153 Payee's Address BOX 94 MPANDA Region: **MPANDA**

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

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	иом	QTY		VAT	TOTAL AMOUNT
1.	milango na madirisha ya glill	Lumpsum	1	10,800,000.00	0.00	

**********10,800,000.00 Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 2 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: Expected Date for delivery: 17 Jun 2022 Request Prepared by: Goods/Service to be delivered to: Authorized By: Frank Approved By: **Boniface** Kabwe Killoba Prepared By: Ahmed **HPMU Purchase Officer** Official Seal Supplier Representative **Accounting Officer**

Printed on: 06 August 2022 13:02:5



REV. 8/99

PO No: 0036KVRHPO2200271

LOCAL PURCHASE ORDER

	Date:	15 Jun 2022
	TO:	ELDARD BASHASHA KAPOCHO
	Payee's TIN:	103-962-153
	Payee's Address	BOX 94 MPANDA
١	Region:	MPANDA

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

Warrant Holder:

Please Supply Goods/ Services Detailed below:

Please	Supply Goods/ Services Detailed below	v:			VAT	TOTAL AMOUNT
NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE		********6,475,000.00
1.	MADIRISHA YA GRILL	Lumpsum	i 1j	6,475,000.00	0.00,1	

Total Amount Payable:

TERMS AND CONDITION:

- 1. Your invoices should be submitted together with the original of the LPO.
- 2. The Purchase Order Number must be quoted on all communications relevant to this order.
- 3. 2 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No: Expected Date for delivery: 17 Jun 20: Request Prepared by: Goods/Service to be delivered to: Authorized By: Frank Approved By: Boniface Kabwe Killoba Prepared By: Ahmed **HPMU Purchase Officer**

Accounting Officer

Official Seal Supplier Representative