

REV. 8/99

PO No: 0036KVRHPO2200158

LOCAL PURCHASE ORDER

n	•	٠	_	

27 Apr 2022

TO:

DESIRI COMPANY LIMITED

Payee's TIN:

143-829-693

Payee's Address S.L.P 149 MPANDA

Region:

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

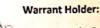
Payer's Code:

0036KVRH

Payer's Address: KATAVI

Region:

Katavi



	wallalle	rioloci.	
1	Please Su	upply Goods/ Services Detailed below:	OTY UNIT PRICE VAT TOTAL AMOUNT
	NO	ITEM DESCRIPTION	UOM QTY UNIT PRICE VAT tumpsum 1: 17,560,000.00 0.00
	1.	ununuzi wa mchanga kokoto mawe na	Lumpsum

*********17,560,000.00 **Total Amount Payable:**

TERMS AND CONDITION:

tofali

- 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. 0 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: 27 Apr 2022

Prepared By:

Killoba Ahmed Kabwe

MEDICAL OFFICER INCHARGE P. O. Box 216

Boniface Lyimo

Frank

Purchase Officer

HPMU

Approved By:

Accounting Officer

Official Seal

Supplier Representative

Mfumo wa Ulipaji Serikalini [MUSE]

Printed on: 12 May 2022 15:00



REV. 8/99

PO No: 0036KVRHPO2200157

LOCAL PURCHASE ORDER

Date:

27 Apr 2022

TO:

DESIRI COMPANY LIMITED

Payee's TIN:

143-829-693

Payee's Address S.L.P 149 MPANDA

Region:

MPANDA

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

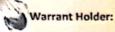
Payer's Code:

0036KVRH

Payer's Address: KATAVI

Region:

Katavi



Please Supply Goods/ Services Detailed below:

Please	Supply Goods/ Services Detailed below		OTV UNIT PRICE VAT TOTAL AMOUN
NO	ITEM DESCRIPTION	иом	6.321,000.0
1	cement 42 5N	Bag	301 21,000.00 0.00

Total Amount Payable:

*********6,321,000.

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. 0 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: 27 Ap

Prepared By:

Killoba

Ahmed

Kabwe

P.O. Eox 216

Approved By:

Boniface

Lyimo

Fran

Purchase Officer

Accounting Officer

HPMU

Official Seal

Supplier Representative

Scanned with CamScanner







REV. 8/99

PO No: 0036KVRHPO2200149

LOCAL PURCHASE ORDER

Date:

25 Apr 2022

TO:

GOODLUCK FEDRICK TIMBER

Payee's TIN:

123-973-003

Payee's Address BOX 137 MPANDA

Region:

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Katavi Region:

Warrant Holder:

Please Supply Goods/ Services Detailed below	V: UNIT PRICE	VAT TOTAL AMOUNT
NO ITEM DESCRIPTION	UOM 3,300,500.00	0.00; 3,300,500.00; 3,300,500.00
1 ununuzi wa mbao	Lumpsum	*******3,300,500.00

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:

Expected Date for delivery: 26 Apr 2022

Prepared By:

Killoba Ahmed Kabwe

Approved By:

Boniface Lyimo

Frank

Purchase Officer

Official Seal

HPMU

Supplier Representative

Accounting Officer

Printed on: 12 May 2022 15:00:5€

Mfumo wa Ulipaji Serikalini [MUSE]



REV. 8/99

PO No: 0036KVRHPO2200148

LOCAL PURCHASE ORDER

Date:

25 Apr 2022

TO:

SAYI BUSINESS LTD

Payee's TIN:

102-372-948

Payee's Address BOX 101 KATAVI

Region:

FROM:

KATAVI REGIONAL REFERRAL HOSPITAL

Payer's Code:

0036KVRH

Payer's Address: KATAVI

Region:

Katavi

Varrant Holder:

Please Supply Goods/ Services Detailed below	UNIT PRICE	/AT TOTAL AMOUNT
NO ITEM DESCRIPTION	UOM	0.00
1. vifaa vya ujenzi	Lumpsum Payable:	*********4,990,000.00

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. 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:

Kabwe

Killoba

Ahmed

Approved By:

HPMU

Boniface Lyimo

Expected Date for delivery: 26 Apr 2022

Frank

Purchase Officer

Accounting Officer

Official Seal

Supplier Representative

Printed on: 12 May 2022 15:00

Mfumo wa Ulipaji Serikalini [MUSE]



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REV. 8/99

PO No: 0036KVRHPO2200237

LOCAL PURCHASE ORDER

					AL PURCE	1ASE ORD	ER					
		03 Jun 2022	•••••									
		DESIRI COMPANY	LIMITED			FROM:		KATAV	I REGIONAL R	EFERRAL	LHOSPITAL	
e's	TIN:	143-829-693				Payer's C	ode:	0036K	VRH			
e's	Address	S.L.P 149 MPAND	A			Payer's A	ddress:	KATAV	1			
gion:		MPANDA				Region:		Katavi				
	Holder:						Mary and	1			/	TAL AMOUNT
ase S	upply Go	ods/ Services Deta				VI 7:55	UNIT PE	RICE		VAT	TO	**4.320,000.00
	ITEM D	ESCRIPTION		JOM umpsum	QT	1	2,320,00			0.00	*******	**4,320,000.00
Your The 3 da urcha	Purchase Purchase ys with d	should be submitted Order Number mu eduction of 2% and Request No: ed by: to be delivered to:	ed together wit st be quoted o l or 5% Withho	th the origina n all commun Iding Tax who	of the LP nications re ere approp	olevant to the state of the sta	KATAN		unt Payable:	cted Dat		ery: 06 Jun 2022
Prepa	red By:	Killoba Ahmed	Kabwe					Ap	proved By:	Bonifac Lyimo	te	Frank
Purc	hase Off	icer						Н	PMU			
			_	September 1	P. O. Ros	(21)				A	1	

Official Seal

Accounting Officer

Supplier Representative



REV. 8/99

			The little			PO	No: 0036K	VRHPU2200238
		LOCA	L PURCHA	ASE ORDER				
Region:	03 Jun 2022 ELDARD BASHASHA KAPO 103-962-153 BOX 94 MPANDA MPANDA	сно		FROM: Payer's Code: Payer's Address: Region:	0036KV			TAL
Warrant Holder: Please Supply Goo	ds/ Services Detailed belo	ow:						
ITEM DE	SCRIPTION	иом	QTY	UNIT	RICE	VAT		TOTAL AMOUN
2. The Purchase O	nould be submitted togeth rder Number must be quo luction of 2% and or 5% W equest No:	oted on all commun	nications re ere approp	O. elevant to this orderiate.	188	Expected	Date for d	*****6,490,000.0
Lichaica -1.	illoba Kabwe hmed				Ap	pro	niface imo	Frank
Purchase Office		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	in the a	History,	HI	РМ И	1	
Accounting Offi	icer		P. 0, 300 Offic	ial Seal	 s	upplier Repres	sentative	

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



REV. 8/99

					PO	No: 0036KVRHPO	2200235
		LOCAL P	URCHASE ORD	ER			
Date:	03 Jun 2022						
TO:	ELDARD BASHASHA		- 11				1
Payee's TIN:	ELDARD BASHASHA KAPO 103-962-153	осно	FROM:		VI REGIONAL REFE	RRAL HOSPITAL	
	BOX 94 MPANDA		Payer's				
Region:	MPANDA		[]	Address: KATA			•••••
			Region	: Kata	·	••••••	
Warrant Holder:							
	-d-15	-					
	ods/ Services Detailed be			UNIT PRICE	V	тот	AL AMOU
		иом	QTY	1,710,000.00		00: ********	*1,710,000
frame za	milango	Lumpsum	1;	1,710,000.00	i	A.	
TERMS AND CON	IDITION:			Total A	nount Payable:	The state of the s	*1,710,00
2. The Purchase (3. 3 days with de	should be submitted toget Order Number must be qu duction of 2% and or 5% to	ioted on all communic	ations relevant	to this order.			
Purchase Order F Request Prepare		17.2	epol			action of the second	
		M	97	Ser. Co.	Expec	ted Date for deliv	ery: 06 Ju
	be delivered to:	3	The G	25	White State of the		
Authorized By:	-			+			
Lichaina - I.	Killoba Kabw Ahmed	ve			Approved By:	Boniface Lyimo	Fran
Purchase Offic	er				нрми		
Pulciluse Care							
	Jund		9. n. g _{0x 211}			1 1	>
)	13/	Official Se	eal	Supplier R	epresentative	
Accounting Of	fficer	(#)	10.				



REV. 8/99

PO No: 0036KVRHPO2200233

Date:	03 Jun 2022		
TO:	DESIRI COMPANY LIMITED	FROM:	KATAVI REGIONAL REFERRAL HOSPITAL
Payee's TIN:	143-829-693	Payer's Code:	0036KVRH
	S.L.P 149 MPANDA	Payer's Address:	KATAVI
Region:	MPANDA	Region:	Katavi

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	иом	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	gypsum powder na rangi	Lumpsum	1	4,760,000.00	0.00	***********4,760,000.00
	7			Total Amount	Payable: **	********4,760,000.00
TERMS	AND CONDITION:					
2. The I 3. 3 day Purchas Request	rinvoices should be submitted tog Purchase Order Number must be o ys with deduction of 2% and or 5% se Order Request No: t Prepared by: Service to be delivered to:	quoted on all communi	ications relevant	to this order	Expected Date	for delivery: 06 Jun 2022
repare	d By: Killoba Kabw Ahmed	е		Approve	d By: Boniface Lyimo	Frank

Purchase Officer

HPMU

Supplier Representative

Accounting Officer

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



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REV. 8/99

PO No: 0036KVRHPO2200232

LOCAL PURCHASE ORDER

1	yee's TIN rayee's Ad Region:	•••••	OMPANY LIMITED -693 9 MPANDA			FROM: Payer's Code: Payer's Address: Region:	KATAVI REGIONA 0036KVRH KATAVI Katavi	AL REFERRAL HOS	SPITAL
D.	Warrant Ho	older:							OUNT
		BARRO AREIN	vices Detailed below:	MOM	Q	UNIT	PRICE	VAT	TOTAL AMOUNT
. !	-	TEM DESCRIPTI		Lumpsum		1 5,392,	000.00	0.09	*******5,392,000.00
Ĵ	1. Your in 2. The Pu 3. 3 days Purchase Request Goods/S Authoriz	Order Request Prepared by: ervice to be del ed By:	e submitted together umber must be quote of 2% and or 5% With No: ivered to:	Pozzi	102 101 101 101	PO. relevant to this on opriate. PO VS CER INCHARG		Expected Date	for delivery: 06 Jun 2 e Frank
	Prepare	d By: Killoba Ahmed		Middle	\P.O.	ATAVI		Lyimo	
	Purcha	se Officer			Sall A	I. m.	НРМИ	AA	T
	Accou	unting Officer	Frank -		12.	Official Seal	Supp	lier Represen	atative

Mfumo wa Ulipaji Serikalini [MUSE]

Printed on: Monday, June 20, 2022 8:5