

PELESI LABAN MAIRA  
P O BOX 76  
BARIADI



HOSPITALI YA RUFAA MKOA - SIMIYU  
P.O. Box 17, Simiyu

LOCAL PURCHASE ORDER

0354

Date 21/06/2022	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to: SIMIYU R.R.H  
Address: P.O. BOX 17  
BARIADI

Department: ADMINISTRATION

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
			SUPPLY AND FIX ALUMINIUM WINDOW (1500 X 1800 MM) AS PER BOQ/QUOTATIONS SPECS		507,000	5070,000	=	
			SUPPLY AND FIX ALUMINIUM WINDOW (600 X 600 MM) AS PER BOQ/QUOTATIONS SPECS		150,000	450,000		
			STAFF HOUSE					
Total amount Shs.						5520,000/-		

Amount (in words) Five million five hundred twenty thousand only.

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

*[Signature]*  
Hospital Secretary

*[Signature]*  
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date .....

Stores Officer







HOSPITALIYARUFAA MKOA - SIMIYU  
P.O. Box 17, Simiyu

Same de wa Aumb  
AND General  
Supplies

LOCAL PURCHASE ORDER - 0291

Date	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to Simiyu RRH  
Address P.O. Box 17  
Banadi

Department .....

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
	Pc	20	1 ps of bar 3/4 x 1/2		1000	20000		
	Pc	2	Double female elbow 3/4		1500	3000		
	Pc	4	PPR bridge elbow 3/4		1500	6000		
	Pc	1	Fan h tank		7500	7500		
	Pc	1	Pan Magic 4"		1500	1500		
	Pc	2	Man hole cover 60x60		9750	19500		
	Pc	2	Washing basin complete		15000	30000		
		2	B. S/L		1500	3000		
	Pc	15	Flexible pipe 1/2"		400	29000		
		13	Angle valve 1/2'		800	10400		
Total amount Shs.								

Amount (in words) .....

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

.....  
Hospital Secretary

  
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.



HOSPITALI YA RUFAA MKOA - SIMIYU  
P.O. Box 17, Simiyu

LOCAL PURCHASE ORDER 0292

Date 29/05/2022	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to Simiyu RR 14  
Address P.O. Box 17  
Banadi

Department .....

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
1			European toilet sink		35,000	35,000		
2			Looking mirror		4,500	9,000		
2			Tie holder		2,000	4,000		
2			Iturger fower		6,000	12,000		
5			Silicon		500	2,500		
2			Heater ISLTS		35,000	70,000		
4			Soap dish		25,000	100,000		
9			Gutter 110mm (ERN)		5,500	49,500		
100			Clips gutter		300	30,000		
7			bone yi nje		800	5,600		
Total amount Shs.								

Amount (in words) .....

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

Hospital Secretary

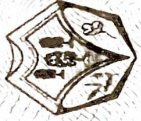
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date .....

Stores Officer .....

PV No. ....



Date	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to ..... Department .....  
Address .....  
.....

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
3		3	Kona yendini		8000	24,000		
3		3	Down pipe 2 1/2		3500	10500		
6		6	4" Elbow white 2 1/2		8000	48,000		
8		8	98° Elbow 2 1/2		8000	48,000		
9		9	Bracket for down pipe		8000	72,000		
			Subtotal			293,000		
			VAT			70,760		
Total amount Shs.						463,760		

Amount (in words) .....  
Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.  
.....  
Hospital Secretary  
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date .....  
PV No. ....  
Stores Officer .....



*Reuben Nyumba*  
*Mwoge*

LOCAL PURCHASE ORDER

0734

Date <i>18/4/2022</i>	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to *Samiya RRU*

Department .....

Address *P.O. Box 17*

*Simiyu*

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
	Roll	5	Binding wire		90000	450000		
	Pc	30	Cutting Disk		10000	300000		
	Roll	4	DPMP		160000	440000		
	Pc	30	Manila		1500	30000		
	Roll	3	BRC		450000	1350000		
	Bag	400	Cement		30000	950000		
	PF	21	Manne board		85000	1785000		
	Kg	50	Nail G <sup>o</sup>		4500	225000		
	Kg	50	Nail S <sup>4</sup>		4500	225000		
	Kg	50	Nail 4 <sup>o</sup>		4500	225000		
Total amount Shs.								

Amount (in words) .....

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

*[Signature]*  
Hospital Secretary

*[Signature]*  
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger

Date *29/05/2022*

Stores Officer .....



HOSPITALIYA RUFEEA MKOA - SIMIYU  
P.O. Box 17, Simiyu

LOCAL PURCHASE ORDER

0735

Date <i>18/1/2012</i>	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to ..... Department .....

Address .....

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Prices Per Units	Amount		Ledger Folio	
						Shs.	Cts.		
80			Nail 2-5'		4500	39500			
110			Nonds MMLG		64000	7,040,000			
44			Nonds MM10		39000	1,390,000			
94			Nonds MM 12		40000	3,760,000			
124			Nonds MM 08		18000	2,232,000			
3	Ball		DPc		17000	510,000			
5	bag		White cement		65000	325,000			
6	bag		Gypsum powder		49000	294,000			
29	bag		Plz Ceiling		10000	468,000			
36			Milinda PVC		4000	144,000			
Total amount Shs.									

Amount (in words) .....

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

*M*  
Hospital Secretary

*[Signature]*  
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date .....

Stores Officer .....

PV No. ....



Reuben Ngombi  
Mboje



HOSPITALI YA RUFAA MKOA - SIMIYU  
P.O. Box 17, Simiyu

LOCAL PURCHASE ORDER

0736

Date	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to ..... Department .....

Address .....

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
		32	Gypsum board		19000	608000		
		46	Plain cornice		5000	230000		
		3	Gypsum screw		12000	36000		
		5	Gypsum powder		40000	200000		
		2	Fibre tape		10000	20000		
		15	Props		16000	240000		
M		147	Bar ITS abt 28G		2040	3,295,740		
M		6	Kofa		8600	51600		
			Treated timber (Pressure)					
M		150	2x3'		4200	630000		
Total amount Shs.								

Amount (in words) .....

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer, or Hospital Secretary. Any Cancellation or Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

.....  
Hospital Secretary

.....  
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date .....

Stores Officer .....

PV No. ....

Kenya Nursing College  
SLP 35  
Baradi



HOSPITALI YA RUFAA MKOA - SIMIYU

P.O. Box 17, Simiyu

LOCAL PURCHASE ORDER

0737

Date	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to Simiyu District Department .....

Address P.O. Box 17 .....

BARADI

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
	M	210	2X 6		4500	945000		
	M	25	1x10		5500	137500		
	Pch	12	Misumani ya Bati		12000	144000		
	Pc	25	16MM steel Rod		15000	375000		
	Pc	25	12MM steel Rod 20mm long		12000	300000		
			with nuts and washers					
		25	Angle plate		4500	112500		
Total amount Shs.							4316000	

Amount (in words) .....

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

Hospital Secretary

Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date .....

Stores Officer .....

PV No. ....



HILL PEAK INVESTMENT  
P O BOX 160  
MEATLY

LOCAL PURCHASE ORDER 0166

Date <del>27/04/2022</del>	Request for Quotation No. or Contract No.	Requisition No.	Committee
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27/04/2022 Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to SIMIYU RAKH Department USHAWELA

Address P O BOX 17

BARIAADI

C. D. .... or before .....

Qty Ordered	Unit	Qty Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
40	TRIP	40	METHANWA		60000	2400,000		
5000	PC	5000	TOTALI		250	1250000		
Total amount Shs.							3650,000	

Amount (in words) Miliioni tatu na sata hamsini na lita tu

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

Hospital Secretary

*[Signature]*  
Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date .....

Stores Officer .....

PV No. ....

Stores Officer .....



LOCAL PURCHASE ORDER 0700

Reuben Ngumbi  
Mboje

Date 20/4/2022	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-

Deliver to ..... SIMIYU RRAH  
Address ..... P.O. Box 17

Department .....

On ..... or before .....

Qty. Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount		Ledger Folio
						Shs.	Cts.	
70	hnp	70	Boboto tip		320000	6400000		
7	hnp	7	Mawe tip		100000	700000		
15	Pc	15	Mlanda		15000	225000		
6	hnp	6	Moram		70000	420000		
50	Pc	50	Mbus 2x4		8000	400000		
			VAT			1,466,100		
Total amount Shs.						9,611,100		

Amount (in words) .....

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

Hospital Secretary

Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.

Date ..... 29/05/2022

Stores Officer .....



REURERU NGIMBA MB  
P.O. Box 351  
BARA ADI

LOCAL PURCHASE ORDER

0162

Date 05/04/22	Request for Quotation No. or Contract No.	Requisition No.	Committee
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Please supply the undermentioned articles and quote rate and cost hereon and:-  
 Deliver to SIMIYU RR 14 Department LEISHMANIA  
 Address P.O. Box 17  
At BARA ADI

or before

Qty Ordered	Unit	Qty. Supplied	Description	Acct. Charged	Price Per Units	Amount Shs.	Cts.	Ledger Folio
26	Pz	26	KATI 328 trauge		24000	624,000		
200	Pz	20	Manila Kawba		1500	35000		
01	kg	01	EyBaw Powder		37000	37000		
SP	Pz	50	Mbao 50x10mm		8000	400,000		
15	Pz	15	Mirundulanyi 3m ureh		15000	225,000		
05	kg	05	Misumari yg Patis		5000	25,000		
Total amount Shs.						1341,000		

Amount (in words) One million three hundred forty one thousand only

Subject to conditions printed on the reverse

Do not accept this order unless it is signed by the Chief Medical Officer or Hospital Secretary. Any Cancellation on Quantity ordered and rate must be countersigned by these officials.

I certify that this order is authorized by Properly approved requisition and that goods/services are for Council use.

Hospital Secretary

Chief Medical Officer

I certify the above mentioned stores have been received complete and in good condition and have been taken on charge in the Stores Ledger.