

Local Purchase Order

SHINYANGA REGIONAL REFERRAL HOSPITAL

Telegrams "AFYA" Shinyanga
Phone No: 028 -2763283
Fax No: 028 - 2763283
Email: nshinyangarrh@afya.go.tz



Regional Referral Hospital
P.O.BOX 17,
Shinyanga .

Date: 7th, JANUARY, 2022.

Purchaser: **MEDICAL OFFICER IN CHARGE**
Description of Goods/Services: **SUPPLY OF BUILDING MATERIALS.**
Quotation No: **ME/SRRH/007/2021/2022/G/10**

To: **LOKINDA INVESTMENT & GENERAL SUPPLIES**
P.O BOX 78
SHINYANGA

Your Quotation with reference No. ME/SRRH/007/2021/2022/G/10 above dated 6th January 2022 is accepted and are required to supply the goods/ services as detailed on the attached Schedule of Requirements and Prices against the items and conditions contained in this Local Purchase Order (LPO).

The Purchaser indicated above issue this Local Order for the procurement of items and services under the framework agreement referenced above entered into between you and the Shinyanga Regional Referral Hospital.

This Local Purchase Order is subject to the terms and condition of the quotation referenced above.

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

The purchase has issued this Local Purchase Order to the Supplier/Services provider to supply /provide services as listed here under in the sum of 9,820,000.00 (Nine million eight hundred and twenty thousand Only) in accordance with the terms and conditions agreed in the quotation and this Local Purchase Order.

TERMS AND CONDITIONS OF THIS LOCAL PURCHASE ORDER:

- 1 Contract sum: The Contract Sum of 9,820,000.00 (Nine million eight hundred and twenty thousand Only) Delivery period: The goods are to be delivered 30 days from the date of this Local Purchase Order.
- 2 Warranty: The warranty/guarantee period is Not Applicable
- 3 Delivery point: The goods are to be delivered to Shinyanga Regional Referral Hospital-Mwawaza area.
- 4 Contact Person: Notices, enquires and documentation should be addressed to **MEDICAL OFFICER IN CHARGE, SHINYANGA REGIONAL REFERRAL HOSPITAL, P. O. BOX 17, SHINYANGA**

5 Payment to Supplier:

Payment will be made within 28 days on completion of satisfactory performance of the contract. Together with this LPO the following documentation must be accompanied for payments to be made:

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

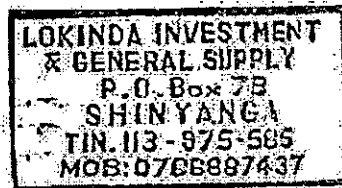
SCHEDULE OF REQUIREMENT AND PRICES

Item No.	Description	Unit of measure	Quantity	Unit Price TZS.	Total Price TZS.	Warranty Period (Where applicable)
1	Supply of indoor and Outdoor Air condition Unit 18000 BTU, Indoor wall mounted type fan Evaporating units. Indoor unit shall be complete with air-cooled inverter type outdoor unit, wireless remote controller and in-built Automatic voltage switch (AVS) supports and associated fittings are inclusive (LG BRAND)	Pc	03	2,500,000	7,500,000	
2	Executive chair	Pc	02	450,000	900,000	
3	Work station Table	Pc	02	550,000	1,100,000	
4	Curtains	Set	04	80,000	320,000	
TOTAL					9,820,000/=	

For Purchaser
 Signature.....
 Name.....
 Designation.....
 Date..... 16/03/2022



For Supplier
 Signature.....
 Name.....
 Designation.....
 Date..... 17.03.2022



Local Purchase Order

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Regional Referral Hospital
P.O.BOX 17,
Shinyanga .

Date: 7th, JANUARY, 2022

Purchaser: MEDICAL OFFICER IN CHARGE
Description of Goods/Services: SUPPLY OF ICT MATERIALS.
Quotation No: ME/SRRH/007/2021/2022/G/11

To: SANGO INVESTMENT & GENERAL SUPPLIES
P.O BOX 1111
SHINYANGA

Your Quotation with reference No ME/SRRH/007/2021/2022/G/11 above dated 6th January 2022 is accepted and are required to supply and install the services as detailed on the attached Schedule of Requirements and Prices against the items and conditions contained in this Local Purchase Order (LPO).

The Purchaser indicated above issue this Local Order for the procurement of items and services under the framework agreement referenced above entered into between you and the Shinyanga Regional Referral Hospital.

This Local Purchase Order is subject to the terms and condition of the quotation referenced above.

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

The purchase has issued this Local Purchase Order to the Supplier/Services provider to supply /provide services as listed here under in the sum of **11,710,000.00 (eleven million seven hundred ten thousand Only)** in accordance with the terms and conditions agreed in the quotation and this Local Purchase Order.

TERMS AND CONDITIONS OF THIS LOCAL PURCHASE ORDER:

- 1 Contract sum: The Contract Sum of **11,710,000.00 (eleven million seven hundred ten thousand Only)** Delivery period: The goods are to be delivered 30days from the date of this Local Purchase Order.
- 2 Warranty: The warranty/guarantee period is Not Applicable
- 3 Delivery point: The goods are to be delivered to Shinyanga Regional Referral Hospital-Mwawaza area.
- 4 Contact Person: Notices, enquires and documentation should be addressed to **MEDICAL OFFICER IN CHARGE, SHINYANGA REGIONAL REFERRAL HOSPITAL, P. O. BOX 17, SHINYANGA**

5 Payment to Supplier:

Payment will be made within 28 days on completion of satisfactory performance of the contract. Together with this LPO the following documentation must be accompanied for payments to be made:

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

SCHEDULE OF REQUIREMENT AND PRICES

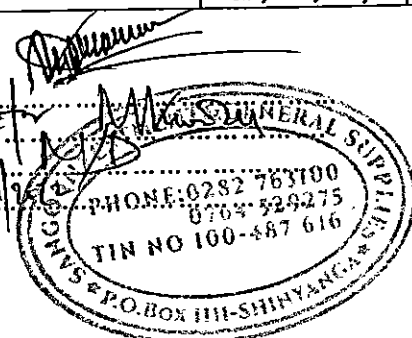
Item No.	Description	Unit of measure	Quantity	Unit Price TZS.	Total Price TZS.	Warranty Period (Where applicable)
1	UTP Cable Cat 6copper core	Box	02	480,000	960,000	
2	Optical fiber cable	M	200	5,000	1,000,000	
	ODF with all accessories	Pc	01	340,000	340,000	
4	Drop cable 3m	Pc	10	15,000	150,000	
5	Drop Cable 5m	Pc	25	24,000	600,000	
6	Pvc truck 50 x 100m	Pc	20	60,000	1,200,000	
7	Face plate dual double point	Pc	10	24,000	240,000	
8	Screw 8m fisher plug	Box	02	10,000	20,000	
9	Conduct pipe	Pc	95	3,000	285,000	
10	RJ45 With rubber	Pc	20	1,000	20,000	
11	Switch 24 port with poe	Pc	01	3,200,000	3,200,000	
12	SFP Module	Pc	02	30,000	60,000	
	IP Phone	Pc	01	700,000	700,000	
14	CCTV Camera	Pc	02	500,000	1,000,000	
15	Labour charge				1,955,000	
TOTAL					11,710,000/=	

For Purchaser

Signature.....
 Name..... **DR. LULILO TUNO**
 Designation..... **ASST. DIR.**
 Date..... **13/01/2022**

For Supplier

Signature.....
 Name.....
 Designation.....
 Date.....



MEDICAL OFFICER INCHARGE
 SHINYANGA REGIONAL REFERRAL
 HOSPITAL

Local Purchase Order

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Regional Referral Hospital
P.O. BOX 17,
Shinyanga .

Date: 7th, JANUARY, 2022.

Purchaser: **MEDICAL OFFICER IN CHARGE**
Description of Goods/Services: **SUPPLY OF FURNITURES**
Quotation No: **ME/SRRH/007/2021/2022/G/12**

To: **JUMA MITAYO**
P.O BOX 1004
SHINYANGA

Your Quotation with reference No ME/SRRH/007/2021/2022/G/12 above dated 6th January 2022 is accepted and are required to supply the goods/ services as detailed on the attached Schedule of Requirements and Prices against the items and conditions contained in this Local Purchase Order (LPO).

The Purchaser indicated above issue this Local Order for the procurement of items and services under the framework agreement referenced above entered into between you and the Shinyanga Regional Referral Hospital.

This Local Purchase Order is subject to the terms and condition of the quotation referenced above.

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

The purchase has issued this Local Purchase Order to the Supplier/Services provider to supply /provide services as listed here under in the sum of **4,400,000.00 (four million four hundred thousand Only)** in accordance with the terms and conditions agreed in the quotation and this Local Purchase Order.

TERMS AND CONDITIONS OF THIS LOCAL PURCHASE ORDER:

- 1 Contract sum: The Contract Sum of **4,400,000.00 (four million four hundred thousand Only)**
Delivery period: The goods are to be delivered 30 days from the date of this Local Purchase Order.
- 2 Warranty: The warranty/guarantee period is Not Applicable
- 3 Delivery point: The goods are to be delivered to Shinyanga Regional Referral Hospital-Mwawaza area.
- 4 Contact Person: Notices, enquires and documentation should be addressed to **MEDICAL OFFICER IN CHARGE, SHINYANGA REGIONAL REFERRAL HOSPITAL, P. O. BOX 17, SHINYANGA**

5 Payment to Supplier:

Payment will be made within 28 days on completion of satisfactory performance of the contract. Together with this LPO the following documentation must be accompanied for payments to be made:

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

SCHEDULE OF REQUIREMENT AND PRICES

Item No	Description	Unit of measure	Quantity	Unit Price TZS	Total Price TZS	Warranty Period (Where applicable)
1	OFFICE TABLE to accommodate 10 people	Pc	01	1,900,000	1,900,000	
2	OFFICE CHAIRS	Pc	10	250,000	2,500,000	
TOTAL					4,400,000/=	

For Purchaser
 Signature..... *[Signature]*
 Name... *D.R. L. ZILU* *J.B.W*
 Designation..... *ASMP*
 Date..... *13/01/2022*

For Supplier
 Signature..... *[Signature]*
 Name..... *[Signature]*
 Designation..... *[Signature]*
 Date..... *13/01/2022*

MEDICAL OFFICER INCHARGE
 SHINYANGA REGIONAL REFERRAL
 HOSPITAL

JUKWA MACHINA MITAYO
 P.O. BOX 1034 SHINYANGA
 T/N. 122 - 3532-173