

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

Telegram" AFYA DODOMA  
Email: temekerh@afya.go.tz



Medical Officer In-charge  
Temeke Regional Referral Hospital  
P.O Box 45232  
Dar es Salaam

Local Purchase Order for  
Procurement of Goods

Quotation No: PA/009/2021-22/HQ/G/06 LOT 6

SUPPLY, INSTALL, TEST, TRAIN AND COMMISSION MEDICAL  
EQUIPMENTS

BETWEEN

TEMEKE REGIONAL REFERRAL HOSPITAL

AND

MOKASI MEDICAL SYSTEMS and ELECTRONICS SERVICES LTD  
P.O Box 1778  
DAR ES SALAAM

A handwritten signature in black ink, located at the bottom right of the page.

**To: MOKASI MEDICAL SYSTEMS and ELECTRONICS SERVICES LTD**  
Your quotation with reference No. PA/009/2021-22/HQ/G/06 LOT 6 dated 01 December, 2021 is hereby by us and you are required to supply desktop computer with UPS and other equipments as detailed on the attached Schedule c Requirements and Prices against the terms and conditions contained in this Local Purchase Order (LPO). This order is placed subject to the attached Special Conditions of Contract (SCC) and General Conditions of Contract (GCC) for LPO, except where modified by the terms stated below.

**TERMS AND CONDITIONS OF THIS LOCAL PURCHASE ORDER:**

1. **Contract Sum:** Tanzania shillings nineteen million eight hundred fourteen thousand four hundred only (Tshs. 19,814,400) VAT Inclusive
2. **Delivery Period:** The completion period of this services are at or before 30<sup>th</sup> June, 2022.
3. **Delivery point:** The goods are to be delivered at Temeke Regional Referral Hospital.

**Contact Person:** Notices, enquiries and documentation should be addressed to;  
Medical Officer In-charge,  
Temeke Regional Referral Hospital,  
P.O Box 45232,  
Dar es Salaam

**4. Payment to Supplier:**

Payment will be made within *thirty (30)* days on completion of satisfactory performance of the contract. The following documentation must be supplied for payments to be made:

- a) An original and two copies of an Invoice;
  - b) Acceptance certificate signed by a responsible person or committee for certifying satisfactory completion of the order/service);
  - c) Electronic Fiscal Device (EFD) receipt; and
5. The following documents form part of this Contract (LPO):
- a) Local Purchase Order (LPO)
  - b) Letter of Acceptance
  - c) Special Conditions of Contract for LPO
  - d) General Conditions of Contract for LPO

## SCHEDULE OF REQUIREMENTS AND PRICES

SN	DESCRIPTION OF GOODS	Unit of Measure	QTY	Unit PRICE	Amount
1.	ECG With Mobile Stand	PCS	1	19,814,400	19,814,400
SUB-TOTAL					19,814,400
18% VAT					Inclusive
TOTAL AMOUNT (VAT INCLUSIVE)					19,814,400

For Client:

TEMEKE REGIONAL REFERRAL HOSPITAL

Signature: *[Signature]*

Name: *Dr. Joseph N. Kuma*

Designation: *Med*

Date: *16/03/22*

For Supplier:

MOKASI MEDICAL SYSTEMS and  
ELECTRONICS SERVICES LTD

Signature: .....

Name: .....

Designation: .....

Date: .....

*[Signature]*

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

Telephone Address: "HEALTH",

Telephone:

Email: temekerh@afya.go.tz



The Office of Medical Officer In-charge  
Temeke Regional Referral Hospital

P.O Box 45232

In reply please quote:

Ref.No. MNH/CSO/TENDER/VOL.IV/365/2022

Date: 06/06/2022

MANAGING DIRECTOR

**MOKASI MEDICAL SYSTEMS and ELECTRONICS SERVICES LTD,**

P.O Box 1778,

DAR ES SALAAM,

TANZANIA

**RE: LETTER OF ACCEPTANCE**

Reference is made to the above subject.

This is to notify you that your Tender No PA/009/2021-22/HQ/G/06 LOT 6 for Supply, Install, Test, Train and Commission Medical Equipments at a Contract Price of Tanzania shillings nineteen million eight hundred fourteen thousand four hundred only (Tshs. 19,814,400) VAT Inclusive as corrected and modified in accordance with the instructions to bidders is hereby accepted by us as additional contract.

You are hereby instructed to proceed with the execution of the said additional Contract for the Supply, Install, Test, Train and Commission Medical Equipments in accordance with the Contract documents.

Please return the attached Contract duly signed

Authorized Signature: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_



Name of Client: **TEMEKE REGIONAL REFERRAL HOSPITAL**