



Harare  
Institute of  
Technology

Main Campus  
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Zimbabwe

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## REQUEST FOR QUOTATION

**TO : SUPPLIERS OF MEDICINE**

**CLOSING DATE: 17-04-18**

**DATE: 16-04-18**

**CLOSING TIME : 1600hrs.**

**RETURN QUOTATION TO: BUYING UNIT**

**CONTACT PERSON: Mr J. Chaweza**

**DELIVERY PERIOD: 1 DAY.**

ITEM NUMBER	DESCRIPTION ( Please give full specification)	QUANTITY
1	RALTEGRAVIR TABLETS 400MG PACK OF 20	1

### INSTRUCTIONS AND CONDITIONS

1. Submit proof of registration with the State Procurement Board in the specified category
2. Submit Valid Tax Clearance
3. State delivery period
4. Payment is after delivery
5. Delivery point is Harare Institute of Technology
6. Quotations must be submitted in sealed envelopes.