

Main Campus  
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Zimbabwe

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## REQUEST FOR QUOTATION

**TO : SUPPLIER OF LABORATORY CHEMICALS**

**CLOSING DATE : 08-11-2018**

**DATE : 05-119-2018**

**CLOSING TIME : 4:30PM**

**RETURN QUOTATION TO: BUYING UNIT**

**CONTACT PERSON: Mr J. Chaweza**

**DELIVERY PERIOD : 2 weeks**

ITEM NUMBER	DESCRIPTION ( Please give full specification)	QUANTITY
1.	CIPROFLOXACIN POWDER (Active Pharmaceutical Ingredient) 50G	1
2.	METRONIDAZOLE POWDER (Active Pharmaceutical Ingredient) 50G	1
3.	ISONIAZID POWDER (Active Pharmaceutical Ingredient) 50G	1
4.	ENALAPRIL POWDER (Active Pharmaceutical Ingredient) 50G	1
5.	HYDROXYCARBAMIDE POWDER (Active Pharmaceutical Ingredient) 50G	1
6.	ATORVASTATIN POWDER (Active Pharmaceutical Ingredient) 50G	1
7.	N,N,N',N'-TETRAMETHYLETHYLENEDIAMINE 100ML	1
8.	THIONYL CHLORIDE 500G	1
9.	4-(DIMETHYLAMINO)PYRIDINE (DMAP) 100G	1
10.	N,N'-DICYCLOHEXYLCARBODIIMIDE (DCC) 500G	1
11.	DICHLOROMETHANE 2,5Lt AR GRADE	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.