

Annex 1(b): Quotation Format

Name of the Vendor

Address:

Contact:

Fax:

Email:

Sales Tax/GST Reg. No: _____

Name of Contact Person

Civil Society Human & Institutional Development Programme (CHIP)

CHIP House Plot# 5, Fayyaz Market, Street 9, G-8/2, Islamabad

Ph: + 92 51 111 111 920

Fax: +92 51 2280081

Email: info@chip-pk.org

Quotation

Date: _____

S#.	DESCRIPTION	QTY	UNIT PRICE	TOTAL
	SPECIFICATION OF THE ITEM			
TOTAL				

Name of Vendor: _____

Signature: _____

Annex 1(c): Comparative Statement

S#.	DESCRIPTION OF ITEM	QTY	UNIT MEASURED	UNIT PRICE		
				VENDOR 1	VENDOR 2	VENDOR 3
TOTAL						

Appropriate vendor is: _____

**Prepared By
Procurement Coordinator**

Annex 1(e): Goods Receipt Note

Date: _____

Description: _____

Supplier: _____ **Signature:** _____

Quantity: _____

Received above mentioned Item(s) in satisfactory condition

Received By:

Name: _____

Signature: _____

Annex 1(f): Stationary Requisition

Charged To:

Date:

S.#	ITEM DESCRIPTION	UNIT	QUANTIT Y REQUIRE D	FOR PROCUREMENT USE ONLY	
				QUANTITY ISSUED	QUANTIT Y BALANC E

Requested By Name: _____

Signature:

Issued By Name: _____

Signature:

Received By Name: _____

Signature:

Note: If stationary is available in the stock, it will be provided immediately otherwise Please allow two days for procurement.

Annex 1(g): Delivery Note

ORIGINAL

Delivered To	
D.C #	
Date	

From
CHIP House, Plot No. 05 (Fayyaz Market) Street No. 09, Opposite National Institute for Handicapped G-8-2/2, Islamabad PAKISTAN

Detail of item delivered is as under:

#	Item Description	Product Serial #	Qty	Remarks

Received The Above Item(S) In Satisfactory Condition.
SIGNATURE OF THE RECEIPT
NAME:
DATE OF RECEIVED:

Authorized By(Name): _____
Signature: _____
Delivered By (Name):: _____
Signature: _____
Date of Delivery: _____

Annex 1(h): Acknowledgement Receipt

I Mr.

Has received a sum of Rs

On account of

Dated _____

Signature:

Name: _____

CNIC #: _____

Date: _____

Verified By

Signatures: _____

Date: _____

Annex 3: Service Request Form

Service Number: _____

This section to be completed by the applicant.

Name:

Designation:

Date Submitted:

Description of Problem:

Type of Service Required:

- I.T Service
- Electrical Service
- Furniture Service
- Vehicle Service
- Security Service
- Cleaning Service

• **If any other, please mention:**

Requested By : _____ Signature: _____ Date: _____

Approved By : _____ Signature: _____ Date: _____

Received By: _____

Admin Section: _____
(Signature & Date)

Annex 4: Travel Request Form

Civil Society HID Programme (CHIP)			
Travel & Hotel Stay Request Form (For Staff, Partners and Others)			
<i>(To be submitted minimum 3 days before travel)</i>			
Visit of:	Staff <input type="text"/>	Partners <input type="text"/>	Others <input type="text"/>
Visit / Purpose:	_____		
Place of Visit	_____		
Visit Dates (Start-End):	_____		
Travelling Request:			
By Air	<input type="text"/>	CHIP Vehicle	<input type="text"/>
		Rented Car	<input type="text"/>
In Case of CHIP Vehicle	Start Meter reading	<input type="text"/>	End Meter reading <input type="text"/>
Start of Journey	(Date, Time & Flight Number) _____		
Return (Date, Time, Flight Number)	_____		
Hotel Stay Request:			
Stay of:	CHIP Staff <input type="text"/>	Consultant <input type="text"/>	Partner/Others <input type="text"/>
Male	<input type="text"/>	Female	<input type="text"/>
		Single Rooms:	<input type="text"/>
		Twins	<input type="text"/>
At:	Hotel <input type="text"/>	Guest House <input type="text"/>	Other (specify) <input type="text"/>
Check in date & approximate time:	_____		
Check out date & approximate time:	_____		
Preferred Payment Mode:			
Bill to CHIP	<input type="text"/>	Cash	<input type="text"/>
		Credit Card	<input type="text"/>
Approximate Cash Needed	<input type="text"/>		
Submitted By & Date	_____		Approved by
			Chief Executive Officer Director
<i>Finance Section</i>			
Received Cash Amount Rs.	_____ Rupees _____		
Payee:	_____ Finance Officer: _____		
<i>Procurement Section</i>			
Received in Admin	_____		Procurement Officer
1	Travel reservation fax sent/Driver informed (attach copy):	<input type="text"/>	
2	Travelling reservation confirmed (attach copy):	<input type="text"/>	
3	Hotel Reservation fax sent (attach copy):	<input type="text"/>	
4	Hotel Reservation confirmed (attach copy):	<input type="text"/>	
5	Arrangements informed to individual:	<input type="text"/>	
Please attach sheet(s) consisting individual's and organization's name for group reservations / travel.			

Annex 5: Consultancy Request Form

Consultancy Request Date: _____ Requested by: _____

Nature of Services to be rendered:

Designation _____

Nature of Services to be Rendered:				
Duration of Consultancy Tentative Dates):				
Frequent travel	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Consultancy Completion Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MOVs Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

The above section will be fulfilled by HR Section

As per Consultant List :			
Name	_____	_____	_____
Relevancy of education & work Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost Effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing for Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If no one is willing to take this assignment, advertise this consultancy

The above section will be fulfilled by HR Section

This consultancy is awarded to Mr/Ms _____ on the following basis:			
Competitive Rate	<input type="checkbox"/>	Relevant Knowledge	<input type="checkbox"/>
Relevant Exposure	<input type="checkbox"/>	Past Experience with CHIP	<input type="checkbox"/>
Able to Deliver in Required Time	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/>

The above section will be fulfilled by Program Section after communication and negotiations

Approved by: Name _____ Signature _____ Date _____

Annex 6: Conflict of Interest Disclosure Form

All employees working full time or part time with CHIP must read, complete, sign and return this form.

1. CONFLICT OF INTEREST DEFINED

In general, conflicts of interest relate to the potential for self-gain usually, but not always, of a fiscal nature. Potential for self-gain can serve to undermine the judgment or objectivity of a person such that its mission and dedication to CHIP values and activities are compromised. Furthermore, not only bias, but the appearance of bias, may undermine public trust in CHIP and may prove harmful to the Company's reputation.

A potential or actual conflict of interest exists when commitments and obligations to CHIP or to widely recognized professional norms are likely to be compromised by a person's other interests or commitments, especially economic, particularly if those interests or commitments are not disclosed.

If any employee that is likely to be part of procurement of goods or services, below, these persons should be referred to as "Disclosable Persons."

2. ILLUSTRATIVE CONFLICTS OF INTEREST

Below is an illustrative list of situations and actions that should be disclosed because they can be viewed as potential conflicts of interest.

- 2.1 Accepting financial benefits or special favours from companies or individuals who could be potential vendors or service providers
- 2.2 Purchasing goods or services from the company in which respective employees's immediate family has a financial, managerial, or ownership interest in the company. Dependents, the spouse, and all members of the household are considered members of the immediate family. Circumstances or relationships that must be disclosed or resolved as to a Company usually must also be disclosed or resolved if the Company knew or should have known that a member of his or her immediate family had such a relationship.
- 2.3 Providing privileged or otherwise special access to information to someone for personal benefit.
- 2.4 Purchasing of equipment, instruments, or supplies from an entity in which any of the full time employees member has a significant financial or other interest.

3. CERTIFICATION:

I hereby certify that, except as disclosed below, to Company's knowledge, there are no situations or actions that would violate the list of illustrative conflict of interests with my anticipated duties:

- 3.1 Disclosable Person is not involved or engaged in any private business venture or enterprise, directly or indirectly, with any CHIP's employee or Board member or his or her family member;

- 3.2 Neither me nor my family member owns or has a material personal business transaction with Company; and
- 3.3 It appears that I am in some situation or actions that might be regarded as potential conflicts of interest with my expected duties in CHIP. Details of each of these situations and/or actions are as follows (if necessary, continue on another sheet):

Yes _____

No _____

Conflict of Interest Disclosure

Name of employee, board member, or family member with whom there may be a conflict of interest (“Disclosable Persons”)

Nature of the potential conflict(s)

I agree to notify CHIP, promptly if any new situation or actions that might be regarded as a potential conflict of interest with my duties in CHIP.

[ENTER NAME OF EMPLOYEES]

By (Sign): _____

Full Name (Print)

Title

Date

Annex 7: Flow Chart for Procurement of Goods and Services

