

### Electronic Marketplace (NUPCO) – New Item Request Form

For medical supplies and medicines only

Transaction Number: (.....)

Date: (.....)

No.	ITEM NAME	Quantity (per piece)	Agent Name (if any)	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Note: The request will not be approved on the electronic marketplace platform until all required signatures are completed**

Requesting Department	
Head of Department:	Signature:
Head of Requesting Entity:	Signature:

Medical Supply Administration	
Technical Specialist:	Notes:
Signature:	
Director Of Medical Supply Administration :	Signature: