

04/02/24

Rejection Form

MOH-CI



Company Name: Medicines International Supply  
 PO Number: \_\_\_\_\_  
 Item Description: IN 2000029  
 Item Number: \_\_\_\_\_

The above item has not met the criteria of a good delivery condition. Therefore, you cannot deliver the item unless you meet the delivery condition.

- | Reason:   | Explanation:      |
|---|-------------------|
| <input type="checkbox"/> Data Logger.   | _____             |
| <input type="checkbox"/> Missing Document.  | _____             |
| <input type="checkbox"/> Item has not met the criteria of the PO. (partial quantity) (need guarantee) | _____             |
| <input type="checkbox"/> Invoice need to be change  | _____             |
| <input type="checkbox"/> Vehicles not matching the transportation requirements set by the SFDA        | _____             |
| <input type="checkbox"/> Purchase on behalf   | _____             |
| <input type="checkbox"/> Damage was found   | _____             |
| <input checked="" type="checkbox"/> Other, namely:  | <u>SHORT LIFE</u> |

You are advised to collect another appointment

MOH Custodian: Name/signature/Date

NUPCO Team: Name/signature/Date Khald 4-2-24

Supplier Representative: Name/signature/Date [Signature]