PHARMALAND GROUP

PROMOTIONAL REQUISITION FORM

☐ Company_____

☐ GIMMICK ☐ SAMPLE ☐ BUDGET ☐ SALES ☐ MARKETING

DIV :_____SR CODE :_____SR NAME :_____

DATE : _____ ☐ BKK ☐ UPC ☐ OFFICE

PRODUCT	PACKING	LOT NO	QUANTITY	OBJECTIVE

Proposed by : _____ Date : ____/____/____

Verified by : _____ Date : ____/____/____

Approved by : _____ Date : ____/____/____

PharMaLand Pharmadica PML PHARMACEUTICALS