#

# Tender Document Receipt Form

Laos-VNT-Regional Malaria-Mar-19-003

I hereby acknowledge the return of the Bid documents for the Project:

**Project code: 433**

From the company with the following details:

|  |  |
| --- | --- |
| Name of Company/Supplier |   |
| Name of official Company Representative |   |
| Signature |   |
| Date |   | Time:  |

This is to verify that the above mentioned company/supplier has submitted a bid for the project described:

HPA Staff: