

INSTITUTIONAL PURCHASE REQUISITION FORM

Document Ref: TAM-PO-2026-V1 | Revision Date: 07/07/2026

Website Deployment Version | ERP System ID: TAM-SYS-400

1. VENDOR / ISSUING AUTHORITY DETAILS

- **Entity Name:** Transafrica Medical Supplies Ltd.
- **Email:** orders@transafrica-med.com
- **Physical Address:** Greenlife Tower, Behind Panari Hotel, Off Mombasa Road
- **Tel:** +254706505693
- **Postal Address:** P.O. Box 35426-00100 Nairobi
- **Web:** https://transafricamedical.co.ke
- **KRA PIN (eTIMS Reg):** P051592918F
- **HQ Location:** Nairobi, Kenya

2. CLIENT INSTITUTION & BILLING INFORMATION (To be completed by Buyer)

- **Institution Name:** _____
- **KRA PIN (eTIMS Reg):** _____
- **eTIMS Branch Code:** _____ (e.g., 00, 01, etc.)
- **Billing Address:** _____
- **Facility Level:** _____ (e.g. Referral, Level 4)
- **City / Country:** _____
- **Contact Person:** _____
- **Email Address:** _____
- **Phone Number:** _____

3. LOGISTICS & DELIVERY STREAM (ERP ROUTING CRITERIA)

- **Delivery Destination / Hospital**
Ward: _____
- **Requested Delivery Date:** [_____]
- **Preferred Shipping Agent:** _____
- **Consignee Contact Person:** _____
- **Consignee Phone:** _____
- **Storage Category Required:** ☐ Ambient (15-25°C) | ☐ Cold Chain (2-8°C)
☐ Frozen (-20°C)

4. SYSTEM-COMPATIBLE ITEMIZED MASTER ORDER SHEET

**IMPORTANT ERP NOTICE TO BUYERS: To prevent systemic ingestion or KRA validation delays, all SKU / Product Codes must strictly correspond with the Transafrica Medical Supplies Master Inventory Catalogue.*

☐ **CATEGORY A:** DENTALCLINICAL PRODUCTS

☐ **CATEGORY B:** DENTAL LABOROTRY PRODUCTS

LINE	SKU / PROD CODE	ITEM DESCRIPTION	QTY	UNIT TYPE	TAX CODE (A/B/C/E)	UNIT PRICE (KES)	TOTAL (KES)
01				[e.g. Box]			
02							
03							
04							
05							
06							
07							

- **SUBTOTAL:** _____
- **16% VAT AMOUNT (Tax Cat A):** _____
- **0% / EXEMPT TAX AMOUNT:** _____
- **FREIGHT / DELIVERY COST:** _____
- **TOTAL VALUE (KES):** _____

5. INSTITUTIONAL RISK MANAGEMENT & FINANCIAL CLEARANCE

- **Buyer Requisition Number (Internal PO):** _____
- **Payment Settlement Framework:** ☐ Net 30 Days | ☐ Net 60 Days | ☐ Letter of Credit

We, the undersigned, hereby verify that this requisition aligns with institutional budgetary allocations and that the items specified will be evaluated against Transafrica's Quality Assurance protocols upon delivery.

- **Procurement Officer Name:** _____ **Signature:** _____
Date: _____
- **Finance Director Name:** _____ **Signature:** _____ **Date:** _____

6. STANDARD REVERSE-SIDE TERMS & CONDITIONS (SUMMARY)

1. **Order Validation:** This document constitutes a formal requisition request. Order fulfillment is subject to inventory availability and system validation by the Transafrica ERP core.
2. **Cold Chain Integrity:** Temperature-sensitive items are dispatched in validated biological transit packaging. The client assumes custody and cold chain storage compliance immediately upon delivery.
3. **Traceability Protocols:** Batch/Lot numbers and certificate of analysis (CoA) registries are linked directly to the client profile inside Transafrica's tracking system for regulatory compliance.
4. **eTIMS Compliance:** In accordance with KRA regulations, Transafrica Medical Supplies will issue an official electronic tax invoice via eTIMS upon payment/delivery validation. No manually written receipts will serve as valid evidence for tax expense claims.
5. **Invoicing Pipeline:** All corporate invoices are systematically generated using the SKU and PIN data listed above. Discrepancies arising from inaccurate client-entered SKU codes are the responsibility of the buyer.