



FORM D: DELIVERY FORM

Company Name: _____			Name of Representative: _____ Position: _____			To be filled out by the Go Lokal! Secretariat/ Operator
Box No.	Item / Code No.	Quantity	Product Name	Unit Cost (Manufacturer's Price)	Suggested Retail Price (SRP) of company	Suggested Retail Price (SRP) for Go Lokal!
Total:						

Note: Original copy to be submitted together with the Product Samples to:

Contact: **Kate Arrieta**
Bureau of Domestic Trade Promotion (BDTP)
Ground Floor, No. 361, DTI Building, Gil Puyat Ave.
(backside- Jupiter Street beside Petron Gasoline Station),
Makati City
Phone: +632-751-3223

Items received in good condition by:

Print Name & Signature
Date:

Samples submitted shall be returned to the companies once final Mock Up Viewing and Product Consultation are concluded. Thank you!