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| Workstation : KLMVersion No. : 01Revision No. : 01Effective Date : 01/03/2016 |

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**KULLIYYAH OF LANGUAGES AND MANAGEMENT**

IIUM Pagoh Edu Hub, KM 1, Jalan Panchor, Pagoh, Muar

**Tel**: 06 – 974 2601 **Fax No**.: 06 – 974 2791

BOOKING OF INVENTORY/EQUIPMENT

**APPLICANT’S DETAILS**

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| **NAME** |  | **STAFF NO / MATRIC NO** |  |
| **CONTACT DETAILS** | **Mobile No.** | **Ext No.** | **Fax No.** | **PROGRAMME** |  |
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**EVENT DETAILS**

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| **EVENT NAME** |  | **DATE OF PROGRAM** | **Start Date** | **End Date** |
|  |  |
| **ORGANIZER** |  | **TIME**  | **Exact Start Time** | **Exact End Time** |
|  |  |
| **VENUE** |  | **NO. OF****PARTICIPANTS** |  |

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| **LIST OF EQUIPMENT REQUEST** |
|  | **EQUIPMENT** | **QUANTITY** | **COLLECT** | **RETURN** |
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| **FOR APPLICANT’S** |
| *I hereby agree to accept responsibility and liability for any loss or damage to the University’s properties and for any breach of IIUM’S Rules & Regulations.* **……………………………………….**(Signature Person-in-charge)Request Time:\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**teRMS & CONDITIONS:**

* **Please attach the Approval Letter for your programme with this form.**
* **Approval** (*Signature*) must be obtained from the **Kulliyyah** duly the submission of the form.
* **Please Follow-Up** with KLM (Ext. 2605) **One (1) day after** submitting the form.
* All applications for booking must be made **three (3) Working Days** prior to the function date.
* **Late applications, applications without the Approval Letter** or **applications without proper approval will not be entertained**. 1

*(e.g. no signature or approval and official stamp at the booking form)*

* For **postponed programs,** new **forms must be submitted**.

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| **FOR USER ONLY:**User’s Signature (Item Received): \_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | User’s Signature (Item Returned):\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR KLM OFFICE USE ONLY** |
| **ACCEPTED** |  | **INITIAL / STAMP** |
| **REJECTED** | Last Minute / Equipment Unavailable / Incomplete Form / Others:  | **DATE** |

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| **APPROVAL** |
| I hereby **APPROVED / DISAPPROVE** this application. (*Please delete whichever is not applicable.)***.........................................................****DEPUTY DIRECTOR/ASSISTANT DIRECTOR***(SIGNATURE & OFFICIAL STAMP)*Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |