Text

Description automatically generated

**ADMINISTRATION OFFICE**

**KULLIYYAH OF MEDICINE**

**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan Pahang.**

**Tel: 09-5704000**

**VEHICLE MAINTENANCE WORK ORDER FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To: | Click or tap here to enter text. |  | **Vehicle’s Detail** | |
| Registration No: | Click or tap here to enter text. |
| Manufactured: | Click or tap here to enter text. |
| Odometer: | Click or tap here to enter text. |
| Driver Name: | Click or tap here to enter text. |
| Tel: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **WORK DESCRIPTION** | **ACTION** | **DATE OF COMPLETION** |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Note: Must be completed by the vendor |
| **Note:**  Authorization from Dean must be obtained for work that cost more than RM 3,000.00 (Ringgit Malaysia : Three Thousand) | | | |

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| **Requested by:**  ………………………………………………  Click or tap here to enter text.  Head  Department of Click or tap here to enter text.  Kulliyyah of Medicine  Date: | **Recommended by:**  ……………………………………………  Abdul Malek Bin Abdul Hadi  Deputy Director  Kuliiyyah of Medicine  Date: | **Approved by:**  ……………………………………………  Prof. Jamalludin Bin Ab. Rahman  Dean  Kuliiyyah of Medicine  Date |