Workstation : KOM Admin.

Version No : 00

Revision No : 03

Effective date : 16th Aug 2021



KULLIYYAH OF MEDICINE

IIUM KUANTAN

|  |
| --- |
| PURCHASE REQUISTION FORMKULLIYYAH OF MEDICINE |
| Requestor’s Name |  | **Staff No.** |  |
| Department |  | **Position** |  |
| Date of Request |  | **Head of Department****Signature & Stamp**  |  |
| Expected Delivery Date |  |
| Requestor’s Signature |  |
| **Date** |  |

|  |
| --- |
| Detail description of the item |
| Item & Descriptions | Quantity | Justification |
|  |  |  |

|  |
| --- |
| Kindly Tick Appropriate Box () |
| Classification of Item(s): | **Purpose of Acquiring:** | **Budget:** |
| Chemicals |  | Teaching |  | Operating Budget |  |
| Glassware |  | Practical |  | Trust Fund |  |
| Equipment |  | Maintenance Services |  | KOM Petty Cash |  |
| Furniture |  | Research (Research No) |  | Others: |  |
| Disposable medical supplies |  |  |  |  |  |
| Others: |  | Others: |  |  |  |

|  |
| --- |
| **For Office Use Only** |

|  |  |  |  |
| --- | --- | --- | --- |
| Vote No |  | Balance  | RM |

|  |  |  |
| --- | --- | --- |
| **Checked by** | **Recommended by:** | **Approved by:** |
|  |  |  |
| Accounting AssistantIntan Syalia Binti Wahid | Deputy DirectorOfficial Stamp | DeanOfficial Stamp |

|  |
| --- |
| Deputy Director’s Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean’s Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

