Workstation : KOM Admin.

Version No : 00

Revision No : 03

Effective date : 16th Aug 2021



KULLIYYAH OF MEDICINE

IIUM KUANTAN

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

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

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| --- | --- | --- | --- | --- | --- |
| 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: |  |  |  |

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| **For Office Use Only** |

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| Vote No |  | Balance | RM |

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| **Checked by** | **Recommended by:** | **Approved by:** |
|  |  |  |
| Accounting Assistant  Intan Syalia Binti Wahid | Deputy Director  Official Stamp | Dean  Official Stamp |

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| Deputy Director’s Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean’s Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

