

**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**

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| --- | --- | --- | --- |
| 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 MedicineDate:  | **Recommended by:**……………………………………………Abdul Malek Bin Abdul HadiDeputy DirectorKuliiyyah of MedicineDate: | **Approved by:**……………………………………………Prof. Jamalludin Bin Ab. RahmanDeanKuliiyyah of MedicineDate |