



REQUEST QUOTATION FORM

DEAN,
Kulliyah of Science,
International Islamic University Malaysia,
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota,
25200 Kuantan, Pahang Darul Makmur.
(Attn: Head of Laboratories/ Science Officer)

Date : ___/___/____

Dear Prof./Dr./Br./Sr.,

Herewith I enclosed details for your next perusal.

| | | | | | |
|--------------------------------|-------------------------------------|--|--------------|--|-----------------------|
| Name of Applicant | | | | | |
| Status of Applicant * | Teaching & Learning | | Postgraduate | | Consultation Services |
| | Final Year Project | | Research | | |
| Kulliyah / Organization | | | | | |
| Supervisor Name | | | | | |
| Project ID | | | | | |
| Address | | | | | |
| Details (1) | <i>Equipment/ Services Analysis</i> | | | | |
| | <i>No. of Sample(s)</i> | | | | |
| Details (2) | <i>Equipment/ Services Analysis</i> | | | | |
| | <i>No. of Sample(s)</i> | | | | |
| Details (3) | <i>Equipment/ Services Analysis</i> | | | | |
| | <i>No. of Sample(s)</i> | | | | |

Thank You.

Official Stamp

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Name :

Date :

Note :

- I. This form must be submit together with a Sample Analysis Service Request Form
- II. Price per unit is subject to the current Service Rate of Equipment/ Analytical Services that developed by KoS, IIUM
- III. Please tick (√) where applicable