

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
KULLIYAH OF SCIENCE

IUM / 307 / FIN	
Work station	: KOS
Revision No.	: 01
Issue No.	: 01
Date of Revision	: 28 th Dec 2009

REQUEST ORDER FORM

To :

From :

Date :

Item no	Description of Goods	Unit Cost (RM)	Qty	Total Amount (RM)	Remarks

End User:

Confirmed by :

.....

Name :

.....

Post :

(SO/ASO/EO)

Date :

Approved by:

.....

(HOD/AD)

- Note : i) 1 copy for your filing
ii) 1 copy for the Dean's office

Note: If space is insufficient, please use attachments

For Office Use ONLY	
Date Received	
Date Approved	
Budget	