

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**

**PURCHASE REQUISITION FORM  
 (Non - Clinical / Services)**

Requestor's Name		Staff No.	
Contact No. ( h/p & ext.)		Email Address	
Department		Position	
Date of Request		Signature with stamp:	
Expected Delivery Date			

Items and Description	Quantity	Justification / Purpose
Classification:	Cost Estimation	Source of Fund, Availability and Account Vote

**Recommended by:**

**Recommended by:**

**Approved by:**

.....  
**Ahmad Anwar Zaini Amat**  
 Head, Department of Finance  
 Sultan Ahmad Shah Medical Centre @IIUM

.....  
**Dr. Siti Zainab Tauhed**  
 Director (Administration)  
 Sultan Ahmad Shah Medical Centre @IIUM

.....  
**Prof. Dato' Dr Mohamed Saufi Awang**  
 Hospital Director  
 Sultan Ahmad Shah Medical Centre @IIUM

**Please Attach Prerequisite Document:**

1. Specification form
2. Market Survey (if applicable)
3. List of potential vendors
4. Approval for the use of Trust Fund (if relevant)

IIUM/413/Dept/Year/Quotation Count

QUOTATION TO SUPPLY AND DELIVER (SUPPLY, DELIVER, INSTALL AND COMMISSION) OF .....

DEPARTMENT OF .....,

No	Specification	Bidder's Technical Specification (if different from the original specification)	Qty	Comply		Page No. of the Catalogue (Please highlight in the catalogue)	Remark
				Yes	No		
	<u>Technical / Product Specification</u>						

**SCHEDULE OF PRICE SUMMARY**

**QUOTATION TO SUPPLY AND DELIVER (SUPPLY, DELIVER, INSTALL AND COMMISSION) OF .....**  
**DEPARTMENT OF .....,**

**(IIUM/413/Dept/Year/Quotation Count)**

NO	ITEMS AND DESCRIPTION	BRAND	QTY	UNIT PRICE (RM)	TOTAL PRICE (RM)
1.					
2.					
<b>GRAND TOTAL:</b>					

\*\* The Grand Total is as per declaration in Section III (Form of Quotation).

\*\*\* Please provide the detail unit price for each item in separate table (your own attachment).