

SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM

PURCHASE REQUISITION FORM
(Drug / Medicine)
Below RM50,000.00

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:

.....
Che Rokiah binti Ismail
 Head, Department of Pharmacy
 Sultan Ahmad Shah Medical Centre @IIUM

.....
Ahmad Anwar Zaini Amat
 Head, Department of Finance
 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.					
GRAND TOTAL:					

** 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).