

SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM

PURCHASE REQUISITION FORM
(Drug / Medicine)
Special Request for One Year Estimated Purchase Using
Prescribed Procurement Methods

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
Cost Estimation	Purpose	

Recommended by:

Recommended by:

Recommended by:

Approved by:

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

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

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Prof. Dr. Zamzuri Zakaria
 Director Clinical
 Sultan Ahmad Shah Medical
 Centre @IIUM

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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).