

SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM

**PURCHASE REQUISITION FORM
(ICT Equipment / Related Item / Software)**

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:

Recommended by:

Approved by:

.....
Mustakim Ahmad

Head, Department of Information
Technology
Sultan Ahmad Shah Medical Centre
@IIUM

.....
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.					
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).