

SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM

**PURCHASE REQUISITION FORM
(For Contract Module)**

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

Items and Description		Quantity	Justification / Purpose
			Contract No. : Supplier : For Existing Contract, please provide The balance available of the contract (if any) Quantity: RM:
Classification:	Cost Estimation	Source of Fund, Availability and Account Vote	

Approved by:

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Head of Department