

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**

**PURCHASE REQUISITION FORM  
(Medical 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

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**Prof Dr. Zamzuri Zakaria**  
 Director (Clinical)  
 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).