PURCHASE REQUEST

PURCHASE DETAILS

Division		FOOD		Dioxin
		DOA		R&D
		NBS		Quality
		Elemental		Administration

Quotation Ref. No.			
Supplier			
E-mail		**Tel.**	
		Fax.	

No.	**Description**	**Quantity**	**Unit price (RM)**	**Total (RM)**
			Grand Total (RM)	

Justification				
Category of item		Consumables		Training
		Equipment		Gas (Expected Delivery Date:_____)
		Preventive Maintenance		Stationary
		Ad Hoc repair		Utility / Rental
		Spare parts / Accessories		Others _____
Requested by			**Date**	
Reviewed by (TM/DTM/ Supervisor)			**Date**	

ACCOUNT DETAILS

Chargeable acct.			
Available Balance			
Checked by		**Date**	

APPROVAL OF REQUEST (DIRECTOR/DEPUTY DIRECTOR)

Sign & Stamp		**Date**	