



APPLICATION FORM FOR ACQUISITION / SERVICES

NAME : _____

DEPARTMENT : _____

STAFF NO. : _____

DESIGNATION : _____

NO.	ITEM	JUSTIFICATION	QUANTITY	VENDOR	QUOTATION	REMARKS

- NOTE:**
1. PLEASE ATTACH VENDOR'S QUOTATION/OTHER SUPPORTING DOCUMENT
 2. TOTAL AMOUNT RM 500 AND BELOW REQUIRE APPROVAL BY DEPUTY CHIEF OPERATING OFFICER
 3. TOTAL AMOUNT RM 501 AND ABOVE REQUIRE APPROVAL BY CHIEF OPERATING OFFICER

PREPARED BY (EXECUTIVE)

CHECKED BY (MANAGER)

APPROVED BY (DCOO)

APPROVED BY (COO)

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FOR ACCOUNTING DEPARTMENT USE ONLY				
CODE	ACCOUNT DESCRIPTION	BUDGET	APPROVED	BALANCE
SIGNATURE & DATE :				