**PURCHASE REQUISITION FORM**

**Requestor**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Unit</td>
<td></td>
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<tr>
<td>Date of Request</td>
<td></td>
</tr>
<tr>
<td>Expected Delivery Date</td>
<td></td>
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</tbody>
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**Detail Description of the Item(s)**

<table>
<thead>
<tr>
<th>Item(s) and Description</th>
<th>Quantity</th>
<th>Justification</th>
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<tbody>
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**Classification of Items**

- [ ] Chemicals
- [ ] Glassware
- [ ] Equipment
- [ ] Furniture
- [ ] Disposable medical supplies
- [ ] Others: __________________

**Purpose of Acquiring**

- [ ] Teaching
- [ ] Practical
- [ ] Maintenance Services
- [ ] Research (Research No.)
- [ ] Others, please specify

**Recommended by:**

- Zuraida Hassan
  Deputy Director
  Kulliyyah of Medicine

**Recommended by:**

- Prof. Dr. Mohammed Fauzi Abd Rani
  Dean
  Kulliyyah of Medicine

**Approved by:**

- Zuraida Hassan
  Deputy Director
  Kulliyyah of Medicine

**Note:** The minimum quotations required for each purchase is 5 quotations. For direct purchase from certain supplier or vendor, justification must be given for Dean's consideration.