## **REQUISITION FORM**

INAI KIARA SDN BHD

TO : ADMIN DEPARTMENT			INAI KIARA SDN BHD			
	DATE RF NO.		(320107.1)			
<b>Imp</b> supp	ortant Note: Requestor to complete all Sections, and to attach official ort the requisition. (where necessary)	al quotation (from supplier	) or other relevant document to			
SECT	ON 1					
COST	COST CENTER : HEAD OFFICE REGIONAL OFFICE PROJECT OFFICE					
COST	RECOVERY: HEAD OFFICE REGIONAL OFFICE PROJE	ECT OFFICE	OTHER			
DEPA	RTMENT / PROJECT NAME :					
SECT	ON 2					
NO.	ITEM DESCRIPTION	QUANTITY	ADMIN USE ONLY Distribution Note			
PLIRPOS	E / REMARKS:					
7 0707 00						

## **SECTION 3**

REQUESTED BY:	VERIFIED BY: HOD / DIV	CONFIRMED BY: ED	CHECKED BY: ADMIN DEPT.
OLONED DV	OLONED DV	OVOVED DV	OLONED DV
SIGNED BY: NAME: DATE:			

ADMIN USE ONLY						
STOCK AVAILABLE REMAINING QUANTITY	STOCK NOT AVAILABLE	JOB AWARDED TO :				
ACTION:  REQUEST REJECTED  PLEASE FORWARD TO PURCHASING DIVISION FOR PROCUREMENT	PLEASE DELIVER GOODS TO REQUESTING PARTY  PLEASE K.I.V UNTIL FURTHER NOTICE	PRICE CONFIRMED : PURCHASE ORDER NO. :	DATE :			