

**ADVANCE / REQUISITION FORM**  
 (This form must be submitted 1 MONTH prior to the date of purchase)

**Purpose/Event :** \_\_\_\_\_

No.	Item	Qty	Price/Unit	Total (RM)
<b>TOTAL</b>				

	<b>REQUESTED BY:</b>	<b>VERIFIED BY:</b> (HM's/ Head of Dept)	<b>ENDORSED BY:</b> (Principal)	<b>APPROVED BY:</b> (Dr Fauzi A. Samad/ Pn Laili Ismail)
NAME				
DATE				
SIGNATURE				
COMMENT				