

PURCHASE RREQUEST FORM

COMPANY:

BRANCH:

DATE ORDER:

NO.	NAME OF PRODUCT	NAME OF SUPPLIER	FOR PURPOSE	BALANCE IN HAND (QTY)	NO. QTY REQUEST	UNIT PRICE IN RM	TOTAL PRICE RM	REMARKS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

REQUESTED BY: (STAFF)

CHECKED BY: (MANAGER)

APPROVED BY: (OFFICE)

Name: _____
Date: _____

Name: _____
Date: _____

Name: _____
Date: _____