REQUISITION FORM

TRN / KLS / KBS / Kino Brands / KBC / TR NETWORKS / TRH

Department : **Date :**

Supplier Name: **Contact Person :**

Address, Tel &: ..... **Payment Terms :**

Fax Number : ..... **Latest Delivery : .....**

Item	Description	Qty	Tax Base	GST	Total	Reason/Remark
	Total :		-	-	-	

.....	.....	.....
REQUESTED BY	VERIFIED BY	APPROVED BY
NAME : Annie Lee	NAME: Ameling Goo	NAME:

FOR HUMAN RESOURCE DEPARTMENT USE

Received Date : P.O Number :

Category : Order Date :

Total Request Up To Date : Order By :

* Delete Unnecessary