

STAFF QUARTERLY GIFT / PURCHASE REQUISITION FORM



Kino Biotech
康樂生技

NAME : _____

STAFF NO. : _____

DEPT/OUTLET : _____

DATE : _____

A. PRODUCTS

NO.	PRODUCTS NAME	QTY.	ACTUAL RETAIL PRICE		REMARK
			UNIT PRICE	AMOUNT (SGD)	
1					
2					
3					
4					
5					
6					
7					
8					
TOTAL AMOUNT (W/GST) :					Opening \$:
DISCOUNT : %					Deduct \$:
NET AMOUNT (W/GST) :					Balance \$:

I, hereby authorised the company to deduct the above amounting to SGD _____ from my Annual Gift Entitlement.

I will pay cash directly upon goods received.

Approved

Not Approved

REQUESTED BY : _____
Employee

Verified By HR Department

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