Name: Dept/Outlet:		Kino Biotech 康樂生技	
REQUESTED BY : Name/Signature	APPROVED BY : Name/Signature	RECEIVED BY : Name/ Signature/Date	
STATIONERY I Name:	REQUISITION FORM		Kino Biotech 康樂生技
Dept/Outlet:		Date:	
NO.	DESCRIPTION	QTY	REMARK
REQUESTED BY: APPROVED BY: Name/Signature Name/Signature		RECEIVED BY : Name/ Signature/Date	