

REQUISITION FORM

COMPANY: TRN KBM TRH KBS KLS KBB KBC

Department : Date :
 Supplier Name: Contact Person :
 Address : Payment Terms :
 Tel & Fax No : Latest Delivery :

Item	Description	Qty	Unit Cost	Amount before GST	GST Amount	Total (Include GST)	Remark
Total :							

..... REQUESTED BY NAME : DATE : VERIFIED BY NAME: DATE: APPROVED BY CHIEF OPERATING OFFICER DATE :
--	---	--

FOR HR & ADMIN DEPARTMENT USE	
Received Date : Category : Total Request Up To Date :	P.O Number : Order Date : Order By :