STAFF QUARTERLY GIFT / PURCHASE REQUISITION FORM

NAME   : _____

DEPT/OUTLET : _____

STAFF NO. : _____

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