

- STAFF / STUDENT
- PLEASE CUT WHICH IS NOT APPLICABLE

# COMPONENTS STORE FACULTY OF ELECTRICAL ENGINEERING

## MATERIAL / COMPONENTS PURCHASING CLAIM FORM

NAME \*STAFF / STUDENT : \_\_\_\_\_ NUM. \* STAFF / MATRIC : \_\_\_\_\_

NAME \* HEAD OF LABORATORY / PROJECT SUPERVISOR : \_\_\_\_\_ \*DEPARTMENT / COURSE : \_\_\_\_\_

TITLE \*EXPERIMENT / PROJECT : \_\_\_\_\_ PHONE NUMBER : \_\_\_\_\_

NUM.	DATE	RECEIPT NUMBER / INVOICE	PRICE (RM)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
<b>GRAND TOTAL</b>			

APPLICANT'S SIGNATURE

AUTHENTICATION  
PSM SUPERVISOR

AUTHENTICATION  
ASSISTANT ENGINEER  
(FKE COMPONENT STORE)

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(SIGNATURE & STAMP)

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(SIGNATURE & STAMP)

*\*PLEASE ATTACH WITH THE ORIGINAL RECEIPT CONFIRMED BY THE SUPERVISOR & STORE*