UNIVERSITI SAINS MALAYSIA	**Borang Permohonan Pengeluaran Borang Pesanan Menggunakan Peruntukan Geran PPSG** *Purchase Order (PO) Request Form via PPSG Research Grant*	PPSG-BK-041 NO. SIRI

Nama Pemohon (*Applicant's Name)*:

Jabatan/Unit/Makmal *(Dept/Unit/Lab):* *Tel. No.*:

No. Akaun Geran (*Grant account no.)*:

Alamat Pembekal *(Supplier's Address):*

Alamat Penerima *(User's Address):* **Craniofacial Science Laboratory, School of Dental Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan.**

Bil. *(No.)*	Keterangan Barang *(Item Description)*	Tempoh Penghantaran (*Delivery Period*)	Kuantiti (*Quantity*)	Harga *(Price)*			
				Satu Unit *(Per Unit)*		Jumlah *(Total)*	
				RM	SEN	RM	SEN
				Jumlah *(Total)*			

* Sila lampirkan sebutharga daripada 3 Pembekal (* Please provide quotations from 3 suppliers)
Bagi Pembekal Tunggal, sila kemukakan bukti (For Sole Agent Supplier, please provide the Appointment Letter)

Sila Tandakan Vot yang dikenakan:

27000 ☐ 28000 ☐ 29000 ☐ 35000 ☐

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Tandatangan & Cop Ketua Projek
(Signature & Stamp of Project Leader):

Tarikh (Date):

Diisi oleh Bahagian Penyelidikan, PPSG
(To be filled by PPSG Research Office):

Diterima oleh:

Tarikh (Date):