



PURCHASE ORDER APPLICATION

Project no. : UTVSB/CS/P. _____
Date : _____

| |
|--------------------|
| For UTVSB use only |
| |

Consultancy and Services
UiTM TechnoVenture Sdn Bhd
Ground Floor, UiTM-MTDC Technopreneur Centre
40450 UiTM Shah Alam

Project Title: _____

Purchase of goods and services is limited to RM300,000 per year per vendor.

Please (√) the relevant items:

| GOODS & SERVICES | | (√) Consultant | (√) UTVSB |
|---|-------------------|--------------------------|--------------------------|
| Procurement of RM1,000 to RM10,000 = Claims or invoice or Minimum 1 quotation | | <input type="checkbox"/> | <input type="checkbox"/> |
| Procurement of more than RM10,000 and up to RM50,000 = Minimum 1 quotation | | <input type="checkbox"/> | <input type="checkbox"/> |
| Procurement of more than RM50,001 and up to RM100,000 = Minimum 2 quotations | | <input type="checkbox"/> | <input type="checkbox"/> |
| Documents to submit: | | (√) Consultant | (√) UTVSB |
| 1. Vendor's SSM | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Bank Statement | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Vendor's Quotation: | | (√) Chosen | <input type="checkbox"/> |
| Vendor's name | Total (RM) | | |
| i. | | | |
| ii. | | | |
| iii. | | | |

Head of project must endorse application (if application by project member)

Endorsement by Head of Project,

.....
APPLICANTS NAME
STAFF ID:
TEL:

.....
HEAD OF PROJECT NAME:
STAFF ID:
TEL:

Please submit complete documentation to avoid payment delay

| For UiTM TechnoVenture SB use only | | Finance Use Only |
|------------------------------------|--|------------------|
| Checked by | | |
| Verified by | | |
| Approved by | | |