



ADMINISTRATION AND SERVICES DEPARTMENT
CENTRE FOR FOUNDATION STUDIES, IIUM

STATIONERY FORM

NAME : _____ STAFF NO. : _____

DEPARTMENT : _____ DATE : _____

ITEM REQUESTED:

NO	ITEM	UNIT	REMARK

.....
REQUESTER SIGNATURE

.....
SIGNATURE AND STAMP
(HEAD OF DEPARTMENT)

FOR OFFICE USE

Application for the above item listed is approved.

NAME : _____

SIGNATURE : DATE : _____
(Officer in-charge)

CERTIFICATION OF ACCEPTANCE

Hereby, I certify the acceptance of the above items.

NAME : _____

SIGNATURE : DATE : _____