



REQUEST QUOTATION FORM

DEAN,
Kulliyah of Science,
International Islamic University Malaysia,
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota,
25200 Kuantan, Pahang Darul Makmur.
(Attn: Head of Laboratories/ Science Officer)

Date : ___ / ___ / ____

Dear Prof./Dr./Br./Sr.,

Herewith I enclosed details for your next perusal.

Name of Applicant					
Status of Applicant *	Teaching & Learning		Postgraduate		Consultation Services
	Final Year Project		Research		
Kulliyah / Organization					
Supervisor Name					
Project ID					
Address					
Details (1)	<i>Equipment/ Services Analysis</i>				
	<i>No. of Sample(s)</i>				
Details (2)	<i>Equipment/ Services Analysis</i>				
	<i>No. of Sample(s)</i>				
Details (3)	<i>Equipment/ Services Analysis</i>				
	<i>No. of Sample(s)</i>				

Thank You.

Official Stamp

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Name :

Date :

Note :

- I. This form must be submit together with a Sample Analysis Service Request Form
- II. Price per unit is subject to the current Service Rate of Equipment/ Analytical Services that developed by KoS, IIUM
- III. Please thick (√) where applicable