



KULLIYAH OF SCIENCE

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

OFF KULLIYAH FORM

Note: This form need to be filled prior taking out any instrument(s) from Kulliyah of Science for repair.

Section 1- This section is to be filled out by the vendor

A. Vendor's Information

Name : _____

Company Address : _____

Contact No. : _____

Purpose : _____

B. Details of Item(s)

No	Name of Item(s)	Brand	Serial No.	Remarks
1				
2				
3				
4				
5				

Taken by;

Approved by;

(Vendor/Supplier)

Date:

(Science Officer)

Date:

Section 2- Upon Returning

Returned by;

Accepted by;

(Vendor/Supplier)

Date:

(Science Officer)

Date: