



**NATURAL MEDICINAL PRODUCTS CENTRE  
KULLIYAH OF PHARMACY, IIUM**

**SERVICE REQUEST FORM**

<b>Service no.</b>	<b>Date</b>

<b>Contact Information</b>	
<b>Requested by</b>	<b>Faculty/Institution</b>
<b>Address</b>	<b>E-mail Address</b>
	<b>Phone No.</b>

<b>Service Information</b>		
<b>Service Name</b>		
<b>Sample Name</b>	<b>Type of Sample</b>	<b>No. of Sample</b>

<b>Payment Info</b>
Quotation No.: _____
Total service charge: RM_____
Mode of payment:
<input type="checkbox"/> Cash (Bank Muamalat, IIUM KUANTAN, Account no.: 06010002738719)
<input type="checkbox"/> Research Grant (Grant no.: _____; PO no. _____)
<input type="checkbox"/> Cheque (Cheque no.: _____)

<b>Requested by:</b>	<b>Attended by:</b>
..... Name: Date:	..... Name & Stamp: Date: