

Date Raised :	02/04/2024
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* Please tick ☒ the relevant box.

ORDER TYPE

☐	AOG	☒	Purchase	☐	Repair
☐	Rush Order	☐	Standard Exc.	☐	Overhaul
☐	Routine Order	☐	Others		

A/C Reg.	N/A	Owner :	ALL BASE
:			
A/C Type	N/A	Location :	ALL BASE
:			
A/C Status	N/A	Worksheet :	N/A
:			
			

** Please state (N/A) if not applicable.*

Name of Company :

& Address

Contact No. :

Email Address

Attn. :

1. Name MOHD FADZLIE ADAM		2. Position TOOL STORE SUPERVISOR		3. Dept. TOOL STORE		4. Base MIAT	
5. Contact No. 017398 9835		6. Email Address fadzlieadam@galax yaerospace.my		7. Delivery Location GAM STORE		8. Remarks <i>(if any)</i>	

USE BY REQUESTOR

USE BY LOGISTICS DEPT.

[illegible]

Special Instruction :

ITEM REQUIRED BY MIAT BASE

Please specify specifications/justifications/reason for the above request if required (attach separate sheet if space not sufficient)