**REQUISITION ORDER FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | *\* Should be register by Logistic Personnel* | | | | |
| **Date Raised :** | | 01/ Aug/ 2021 | | |  | | | | | | | | | | **GAM Order No. :** | | |  | |
|  | | | | | | |  |  | | | |  |  |  | | |  | |  |
| ***\* Please tick √ the relevant box.*** | | | | | | |  | **AIRCRAFT DETAILS*****\**** *if requisition related to specific aircraft* | | | | |  | **VENDOR INFORMATION \****if recommended by requestor* | | | | | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  |
| **PRIORITY** | | | **ORDER TYPE** | |  |  |  | A/C Reg. : | 9M-PTE | Owner : | PDRM |  |  | Name of Company : | |  | | |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  | & Address | |  | | |  |
| x | AOG | |  | Purchase |  | Repair |  | A/C Type : | B300 | Location : | PGU BASE |  |  | | |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | | |  |
|  | Rush Order | |  | Standard Exc. |  | Overhaul |  | A/C Status : | N/A | Worksheet : | N/A |  | Contact No. : | |  | | |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | | |  |
|  | Routine Order | | X | Others \**Please state type of services* | | |  |  | | |  |  |  | Email Address : | |  | | |  |
|  |  | |  |  | | |  |  |  |  |  |  |  | |  | | |  |
|  |  | |  | OXYGEN SERVICING | | |  | *\* Please state ( N/A ) if not applicable.* | | |  |  | Attn. : | |  | | |  |
|  |  | |  |  | | |  |  | | |  |  |  |  | |  | | |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **REQUESTOR DETAILS** | | | | | | |
| 1. Name | | 2. Position | | 3. Dept. | | 4. Base |
| MOHD FADZLIE BIN ADAM | | TOOLS & GSE SUPERVISOR | | PPC | | MIAT, SUBANG |
| 5. Contact No. | 6. Email Address | | 7. Delivery Location | | 8. Remarks *(if any)* | |
| 0173989835 | fadzlieadam@galaxyaerospace.my | | PGU BASE, SUBANG | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF REQUISITION** | | | | | | | | | | |
| **USE BY REQUESTOR** | | | | | | **USE BY LOGISTICS DEPT.** | | | | | |
| No. | Part No. | Description | Serial No. | Qty | Reference | P.O No. | P.O Date | EDD | Price (RM) | Remarks | |
| 1 | |  | | --- | | N/A | | |  |  | | --- | --- | | |  | | --- | | OXYGEN SERVICING CART | | | N/A | 01 |  |  |  |  |  |  | |
| 2 |  |  |  |  |  |  |  |  |  |  | |
| 3 |  |  |  |  |  |  |  |  |  |  | |
| 4 |  |  |  |  |  |  |  |  |  |  | |
| 5 |  |  |  |  |  |  |  |  |  |  | |
| 6 |  |  |  |  |  |  |  |  |  |  | |
| 7 |  |  |  |  |  |  |  |  |  |  | |
| 8 |  |  |  |  |  |  |  |  |  |  | |
| **Special Instruction :**  *TO CARRY OUT OXYGEN SERVICING ON 9M-PTE DUE TO LOW PRESSURE*  *Please specify specifications/justifications/reason for the above request if required (attach separate sheet if space not sufficient)* | | | | | | | | | | |

**GAM/E-042**