**REQUISITION ORDER FORM**

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|  |  *\* Should be register by Logistic Personnel* |
| **Date Raised :** | 15/04/2022 |  | **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. :  | AW-109 LOH | Owner : | GAM |  |  | Name of Company : | TRITAN ENGINEERING SDN BHD |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | & Address |  |  |
|  | AOG | **X** | Purchase |  | Repair |  | A/C Type :  | N/A | Location : | MIAT |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Rush Order |  | Standard Exc. |  | Overhaul |  | A/C Status : | N/A | Worksheet :  | N/A |  | Contact No. : | 07-3882010 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Routine Order |  | Others  |  |  |  |  |  | Email Address : |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | *\* Please state ( N/A ) if not applicable.* |  |  | Attn. : |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

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| **REQUESTOR DETAILS** |
| 1. Name | 2. Position | 3. Dept. | 4. Base |
| MOHD FADZLIE ADAM | TOOL STORE SUPERVISOR | TOOL STORE | MIAT |
| 5. Contact No. | 6. Email Address | 7. Delivery Location | 8. Remarks *(if any)* |
| 0173989835 | fadzlieadam@galaxyaerospace.my | GAM STORE |  |

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| **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 | DPI705E | DRUCK HANDLE PRESSURE INDICATOR | N/A | 1 |  |  |  |  |  |  |
| 2 | IOHOSE-NP1 | DRUCK 20 BAR HOSE ASSY 1 METER | N/A | 1 |  |  |  |  |  |  |
| 3 | IO620-BSP | DRUCK BSP PRESSURE ADAPTOR SET | N/A | 1 |  |  |  |  |  |  |
| 4 | PV411-130 | DRUCK BONDED SEAL KIT | N/A | 1 |  |  |  |  |  |  |
| **Special Instruction :** *Please specify specifications/justifications/reason for the above request if required (attach separate sheet if space not sufficient)* |

**GAM/E-042**