

REQUISITION ORDER FORM

* Should be register by Logistic Personnel

Date Raised : 06/04/2023

GAM Order No. : _____

* Please tick ✓ the relevant box.

PRIORITY

AOG
 Rush Order
 Routine Order

ORDER TYPE

Purchase
 Standard Exc.
 Others

Repair
 Overhaul

AIRCRAFT DETAILS * if requisition related to specific aircraft			
A/C Reg. :	N/A	Owner :	MIAT
A/C Type :	N/A	Location :	MIAT
A/C Status :	N/A	Worksheet :	N/A
* Please state (N/A) if not applicable.			

VENDOR INFORMATION * if recommended by requestor	
Name of Company : & Address	_____
Contact No. :	_____
Email Address :	_____
Attn. :	_____

REQUESTOR DETAILS

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

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	Stadler Form THEO Dehumidifier	N/A	5	N/A					

Special Instruction :

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