

EQUISITION ORDER FORM

** Should be register by Logistic Personnel*

Date Raised : 22 Jun., 23

GAM Order No. : _____

** Please tick ✓ the relevant box.*

PRIORITY	ORDER TYPE
<input type="checkbox"/> AOG	<input checked="" type="checkbox"/> Purchase
<input type="checkbox"/> Rush Order	<input type="checkbox"/> Repair
<input type="checkbox"/> Routine Order	<input type="checkbox"/> Standard Exc.
	<input type="checkbox"/> Overhaul
	<input type="checkbox"/> Others

AIRCRAFT DETAILS <i>* if requisition related to specific aircraft</i>			
A/C Reg. :	N/A	Owner :	PGU
A/C Type :	N/A	Location :	139 SUBANG
A/C Status :	N/A	Worksheet :	N/A
<i>* Please state (N/A) if not applicable.</i>			

VENDOR INFORMATION <i>* if recommended by requestor</i>	
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 <i>(if any)</i>

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.	4688524	INSULATION MULTIMETER		1						
2.	2103-10	DIAL TEST INDICATOR		1						

Special Instruction :
ITEM PURCHASE DUE TO OPERATION NEEDED

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