**AIMST UNIVERSITY**

 **RESEARCH MANAGEMENT CENTRE**

 **PURCHASE REQUISITION FORM**

**Instructions:**

1. *Fill in the* ***PR Reference Number*** *with the submission of this form for approval.*
2. *Ensure the details stated in this form tally with the details in the quotation form.*
3. *The Principle Investigator or Co-Researcher need to fill section (A) to (D) only. The rest will be filled by the RMC and other relevant parties.*
4. *Check the AIMST RMC guidelines for the* ***PR Reference Number*** *format.*
5. *This form needs to be attached with the AIMST accounting software generated Purchase Request, official quotations and comparison table.*

**A. PARTICULARS OF STAFF REQUESTING** *(to be completed by requestor)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Position  | :  | Signature  | : |
| Faculty/Department  | :  | Date  | :  |
| Grant Account Number  | :  |
| Funding Body  | :  |
| PR reference number  | :  |  |  |

**B. Research Management Centre (RMC) Checklist** *(to be completed by RMC)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** |  **Description** | **Checked By Principal Investigator/ Co-researcher****(Please tick)** | **Verified By RMC****(Signature)** | **Remarks** |
| 1. | Attachment of Software generated Purchase Request signed by Principal Investigator (PI)/Co-researcher |  |  |  |
| 2. | Attachment of **3 official quotation** following AIMST quotation requirement guidelines with their respective official company stamp on it (company stamp not required if the quotation has the line like “This is computer generated and no stamp is required). **/** Attachment of 1 official quotation for item/service from sole distributors (**Sole distributorship** letter has to be attached. If letter does not mention that the company is a sole distributor for the product of your choice, and terms like authorized distributor or others are used to describe distributorship, then additional documents are required to proof sole distributorship) |  |  |  |
| 3. | Justification is provided for the purchase |  |  |  |
| 4. | Attachment of comparison table |  |  |  |
| 5. | \* *This part will not involve PI, thus checked by RMC.*€ Recommendation from R&D officials€ Financial detail verification by FAD€Approval byVice-Chancellor / Registrar / Bursar | N/A |  |  |

**C. JUSTIFICATION:** *(to be completed by requestor)*

1. **Objective :**
2. **Details :**

**D. CLASSIFICATION OF PURCHASE:** *(to be completed by RDO)*

Consumables (VOTE \_\_\_\_\_\_\_\_\_\_): € YES € NO / Minor equipment (VOTE \_\_\_\_\_\_\_\_\_\_): € YES € NO / Major equipment (VOTE \_\_\_\_\_\_\_\_\_\_): € YES € NO / Others (VOTE \_\_\_\_\_\_\_\_\_\_) (Specify): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. FINANCIAL DETAILS** *(to be completed by RDO and verified by Bursar/Finance Officer)*

 (1) Grant type: (Internal / External)

 (2) Funding Body/Organization:

 (3) Grant Account Number:

 (4) Grant Vote utilized: Checked by,

|  |  |
| --- | --- |
| Total Allocation (RM) |  |
| Current total Balance (RM) |  |
| Current Vote \_\_\_\_\_\_\_\_\_\_ Balance (RM) |  |
| Cost of items requested/service (RM) |  |
| New Balance of Allocation (RM) as of­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 ­­­­­­­­

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 R&D Officer

 Date:

 Verified by,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bursar/Finance Officer’s Signature

 Date:

**F. RECOMMENDATION** *(to be completed by RMC Director)*

 Signature Date

Director Recommended: € YES € NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \**In absence of the Director, the above column can be endorsed by any authorized personnel.*

**G. APPROVAL** *(to be completed by Vice-Chancellor/Registrar/Bursar)*

Please **TICK** only one column:

 € Approved € Not Approved

(\*\*PR amount > RM20, 000.00 is subjected to AIMST Tender Board approval)

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorised Signature Date:

 (Vice-Chancellor/Registrar/Bursar)