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|  | **Institute for Vehicle Systems and Engineering** | **UTM/IVeSE/PROCUREMENT**Effective Date: 1st August 2021 |
| **APPLICATION FOR PROCUREMENT** |

**Note**: **Applications must be received by IVeSE within a reasonable period with complete documents.**

**Please e-mail to julaiha@utm.my.**

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| 1. **APPLICANT’S PARTICULARS**
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| **Applicant Name***(with designation)* |       | **NRIC / Passport No.**  |       | **Staff ID**  |       |
| **Type of Staff** | **[x]**  | Permanent | [ ]  | Contract | **Office Telephone No.**  |       | **Office Fax No.**  |       |
| **E-mail Address**  |       | **Hand phone No.**  |       | **Research Centre**  |  | **Nationality** |       |
| **2. ITEMS TO PURCHASE** |
| **List the items to purchase***(Please use an extra form if not enough space)* | **No.** | **Items** | **Quantity** | **Unit Price** | **Total Price** |
|   |       | 2 | 1 | 2 |
|   |       |       |       |       |
|   |       |       |       |       |
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| **3. COST CENTRE NO.:**Choose an item. |

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| **4. JUSTIFICATION TO PURCHACE** |
|       |
| **5. RECOMMENDATION BY RESEARCH CENTRE DIRECTOR** |
| Remarks by Research Centre Director: |
| *I hereby declare that the particulars and supporting documents attached in this application are true to the best of my knowledge and confirm this activity relate to research activity as permitted by the Deputy Vice Chancellor (Research & Innovation) Office. I agreed to allow to use our allocation.**.................................................................... ................................................* *Signature and chop Date* |
| **6. CHECKED BY IVeSE OFFICER** |
| This application was checked and recommended/not recommended. Allocation balance as in cost centre for the RC is:*.................................................................... ................................................* *Signature and chop Date* |
| **7. APPROVAL / RECOMMENDATION BY INSTITUTE DIRECTOR** |
| Application to conduct the activity is approved/ not approved with budget as section 3.  |
| Remarks by Senior Director of IVeSE :……………………………..……………………………….  *Signature and chop* |  | ………………………………. *Date* |

**Note:**

**At least three quotations from UTM registered suppliers are requested. RM10,000 and above are subject to approval by the DVCRI office. A working paper must be attached with this form.**