Stationery Requisition Form

☐ GINTELL (M) SDN BHD ☐ _____

Person request : _____ Department : _____

Date : _____ Ref. No. : _____

Item	Description	Qty	Settled	Remarks

** All the stationery form must be submitted to Admin Department before 3rd of every month*

Prepared By	Received By	Approved By
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Date:	Date:

FOR OFFICE USE (ACCOUNT DEPARTMENT)

Received By	Settled By	Remark
Signature:	Signature:	
Name:	Name:	
Date:	Date:	