



Order Request Form

Website: www.informm.usm.my
 Contact Person: Fazli Khalid
 Email: fazlikhalid@usm.my
 Contact No: +609 7672428
 Order No.: _____

User Information

| | | | |
|------------------|------------------------|---------------------|-------------------------|
| P.I. Name: | P.I. Email: | Department: | |
| User Name: | User Email: | | |
| Billing Address: | | Tel: | Fax: |
| Signature: | Billing Account/Grant: | Expired Grant Date: | Sample Submission Date: |

Service

For Official Use

Type of Service:

- Pyrosequencing Service
 Prototype Development Facilities
 Others: _____

| | | |
|---------------------|------|------|
| Order received by : | Sign | Date |
| | | |

Official Chop:

Remark (For Official Use)

| Service | | | | Payment (For Official Use) | | |
|---------------|----------|---------|---------------------------------|----------------------------|---------|--|
| Item | Quantity | Remarks | Description | Sign | Remarks | |
| 1 | | | Quotation Number: Date: | | | |
| 2 | | | Purchase Order Number: Date: | | | |
| 3 | | | Delivery Order Number: Date: | | | |
| 4 | | | Invoice Number: Date: | | | |
| 5 | | | Voucher/ EFT Number: | | | |
| 6 | | | Verified by : | Official Chop: | | |
| 7 | | | | | | |
| Total: | | | | | | |