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ASSET LISTING FORM

PIC NAME :	
DIVISION :	
DEPARTMENT :	
DATE :	

NO	DATE PURCHASE	ITEM	DESCRIPTION	QUANTITY	COST PER UNIT (RM)	TOTAL COST (RM)

Prepared by (PIC):	**Verified by (COD):**	**Approved by (HR):** (if applicable)	**Approved by (MD):** (if applicable)
_____ Name : Date :	_____ Name : Date :	_____ Name : Date	_____ Name : Date