



QC GROUP SDN BHD (1065654-T)

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IT EQUIPMENT REQUISITION FORM

NAME :			
DEPT :			
UNIT :			
DATE :		EXPECTED DATE :	

NO.	EQUIPMENT	REASON	AMOUNT
1.			

Prepared By (PIC): _____ NAME: DATE :	Verified by (COD): _____ NAME: DATE :	Approve by (COD IT): _____ NAME: DATE :	Approve by (CEO): _____ NAME: DATE :
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