

DRINKING WATER BOOKING FORM

A. APPLICANT INFORMATION

Applicant Name : _____ Telephone Nu. : _____

Department/ Faculty/ Campus/ Institution : _____

Signature : _____ Date of Application : _____

Purpose : _____

B. APPLICATION INFORMATION

Bil.	Quantity , (24pcs/ box)	Note

C. APPROVAL

The application is **approved/not approved**

In-Charge Officer,

Signature & Stamp

Date: _____

D. ISSUANCE OUT OF DRINKING WATER

Submitted by

Received by

Name :
Date :

Name :
Date :

Note:

- The application must be made **at least 3 days** before the need to use the drinking water.
- The issuance out the drinking water is based on the approval from in-charge officer.
- The time to issue out the drinking water from the store is only during office hour.
- In-Charge Officer :
 - Siti Husna Zakaria – 0129834821
 - Nor Afiza yusoff – 0179519005
 - Mohd Faiz Mohamad – 0199541066
 - Mohamad Hafizi Mohamad Roni - 0199350886