

Purchase Request Form

College/Department:		Section:		Date:	
Supplier Names:					
1)		2)		3)	
Justification		Quantity		"Required Specifications"	
Research Project Needs - Project Number Supported by the Deanship of Scientific Research. Main Researcher's Name: Signature:					
Department/Section Manager:					
Name:		Position:		Signature: Date: / / 14 AH	
Warehouse Management statement: After reviewing our inventory, it has been found that the above-mentioned items are not available. "Accordingly, this document is signed					
Warehouse Supervisor's Name:		Signature:		Date: / / 14 AH"	
Authorized Person:					
1. <input type="checkbox"/> Approval to purchase the required items and authorize the Procurement and Tenders Department to engage suppliers and finalize the insurance process after coordination, with the following note:					
2. <input type="checkbox"/> Disapproval for the following reasons: A - B..... -					
3. <input type="checkbox"/> Referral to College/Department for their input on the request.					
Authorized Person's Signature:					
Name:		Signature:		Date: / / 14 AH"	
Receiving Authority Remarks:					
-1 <input type="checkbox"/> No remarks, and it is recommended to proceed with insurance.					
-2 <input type="checkbox"/> There are the following remarks: A - B..... -					
Responsible Person's Name:		Signature:		Date: / / 14 AH"	
Planning and Budget Department / Affiliations:					
<input type="checkbox"/> Item allowed <input type="checkbox"/> Item not allowed.					
Amount: Riyals, only		Item Number:		Affiliation Number:	
Name of the Authorized Employee:		Signature:		Date: / / 14 AH"	
"Note: Any purchase request that does not meet the above-mentioned data will be returned to the requesting entity."					

