

## LIBRARY REIMBURSEMENT FORM

CAMPUS : \_\_\_\_\_  
 SCHOOL : \_\_\_\_\_  
 LRF NO : \_\_\_\_\_  
 VENDOR : \_\_\_\_\_

### REQUESTOR DETAILS (\*mandatory information)

*Requestor's Name: _____	*Staff ID: _____
*Email/Contact No.: _____	*Date Requested: _____
*Department/School: _____	*Date Required: _____
* Programme Name: _____	*Programme code: _____

### RESOURCES DETAILS (\*mandatory information)

*Amount to be reimbursed (state currency): _____	*Reason for Purchase:  <table border="1"> <tr><td>Textbook</td><td>_____</td></tr> <tr><td>Research</td><td>_____</td></tr> <tr><td>Collection Development</td><td>_____</td></tr> <tr><td>Teaching Resources</td><td>_____</td></tr> </table>	Textbook	_____	Research	_____	Collection Development	_____	Teaching Resources	_____
Textbook		_____							
Research		_____							
Collection Development		_____							
Teaching Resources	_____								
*Reason for reimbursement: _____									
*Name on Cheque: _____									

\*Type of Material :    Book        Multimedia   

No	*Author	*Title/Publisher	ISBN	Year	Edition	Qty	Cost
1							
2							
3							
4							
5							

**Remark:** Send the original signed form to the Library together with books purchased and proof of purchase (Invoice/Receipt)

### FOR LIBRARY USE ONLY

VENDOR	Q/NQ	PO No.	RQN No.	Type	
				Print Book	_____
				Multimedia	_____
Budget Code				Received by:	
				Date:	_____
				Name/ Initial:	_____

Approved by Head Librarian

Date: \_\_\_\_\_

**NOTE FOR NEW REQUEST:**

To obtain approval by HOS/[Programme Director](#) via email prior to submitting the request  
 Postgraduates to obtain a Supervisor's recommendation via email prior to submitting the request