

WASTE DISPOSAL APPLICATION FORM

Finance Use	
No. of Receipt	
Amount	
Date	

Department:

Departmental Reference:

Waste Category: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td>Recycle Waste</td></tr> <tr><td></td><td>Scheduled Waste</td></tr> <tr><td></td><td>Municipal/General Waste</td></tr> </table>		Recycle Waste		Scheduled Waste		Municipal/General Waste	Type of Waste: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
	Recycle Waste						
	Scheduled Waste						
	Municipal/General Waste						
Description:	Reason For Disposal:						
Date of Purchase: Quantity: _____ <i>(please specify)</i>							
Requested by: Name: Designation: Date:	Recommended by: <div style="border-top: 1px solid black; text-align: center; padding-top: 5px;"> (signature) Head of Section/Department </div> Date:						

(Office use)

Method of Disposal		Prepared By:
Sale/Auction Price	Per Liter/Kg	Name:
	Total (RM)	Designation:
		Date:

Company/Contractor Details:	
Name:	I/C No.:
Vehicle No.:	Date:
Signature:	