IIUM

SOFTWARE NAME
QUANTITY: _____ UNIT(S)

IIUM REQUIREMENT	VENDOR'S PROPOSAL	COMPLIANCE (YES/NO)
Item	*State software name*		
License Type	*State license type (e.g. per device, network license, user license, etc)* *Note: All centre of studies/ administrative offices are allowed to change the stated specification. Please delete this note before calling for quotation. Please contact ITD if you require further clarifications.*		
Quantity			
Delivery	21 days		
Others	Please provide the followings :		
	a) Licensing documentations		
	b) Installation media		

Name:

Company Name:

Company Stamp:

Contact No:

Date