

Book Purchase Request Form

Contact Information of Requestor

First Name Last Name.....

ID NumberFaculty.....

TelE-Mail

Status

Undergraduate Graduate Post Graduate
 Faculty Member Staff Others.....

Purpose of Using

Teaching and Learning Research Others.....

Date of Using.....

Item Information

1. Title.....
Author
Year ISBN.....
2. Title.....
Author
Year ISBN.....
3. Title.....
Author
Year ISBN.....

Note: If possible, provision of E-book will be preferably considered.

Signature.....

Date/...../.....

For Staff

Name of Staff (ผู้รับเรื่อง).....

Date (วันที่รับเรื่อง)..... Time

Place	<input type="checkbox"/> HM	<input type="checkbox"/> SV
Channel	<input type="checkbox"/> Walking	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Requested By

Approved By

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(Mrs. Wilai Prusapancha)

(Mrs. Benjaporn Anunwanitcha)

Head of Information Service Department

Acting Director of AU Library