



Kuwait University
Health Sciences Center Library Administration

Purchase Request

Name: Date:

Faculty/Dept: Tel/Ext:

Type of Item:

<input type="checkbox"/> Book	<input type="checkbox"/> Journal	<input type="checkbox"/> Audio Visual
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Format:

<input type="checkbox"/> Print	<input type="checkbox"/> Electronic	<input type="checkbox"/> Others
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Bibliographic Information:

Title :

Author/Editor :

Publisher: Year :

Edition/Vols : Price :

Book ISBN : Book Copies : Journal ISSN :

Publisher's Leaflet Attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Item to be Placed on Reserve	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Purpose Of Request:

<input type="checkbox"/> Teaching	<input type="checkbox"/> Patient Care	<input type="checkbox"/> Research
<input type="checkbox"/> Continuing Education		<input type="checkbox"/> Other

Signature :

HSCLA Committee Approval :	Signature:
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Librarian's Comment :