

Agency

Date:

To

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REQUISITION FORM

Kindly arrange to supply the following items:

Sl. No	Description	Specification	Qty	Purpose

Date:

Recommendation form
Immediate Supervisor/ Property Officer
Remarks (if required)

Signature
Name & Designation

- a) Remarks from Store Division (if any)
- b) Remarks from Procurement Officer (if any)
- c) Remarks from Accounts Division (if any)

Approved by:

Signature
Name & Designation