



**Name of the SOP:** Management and issuance of office stationeries and other equipments (all office properties)

Document Number	Effective Date	Review Date	Version No
DRA-F-D4-01	01/07/16	01/07/18	00

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

Prepared by	Reviewed by	Authorized by