



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:

SI. 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 <i>Feiden</i>	Reviewed by <i>haganyw</i>	Authorized by <i>guy</i>
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