

Requisition Slip

Date _____

To,

The Director

Dear Sir/Madam,

I/We require the following item/service, details are given as under :

S.No.	Particulars	Qty.	Estimated Cost (Rs.)	Remarks
1				

TOTAL

Recommended by : _____ Name & Signature (Indenter): _____

Department: _____ Time to execute _____

Remarks (Mention Yes/No):

Alternative / Lower Cost product explored

Expenditure Budgeted - Checked by Finance Dept.

Existing Stock position checked (Department)

(Signature of Finance Officer)

Existing Stock position checked (Store)

(Signature of Estate Officer/LUCS)

(If Service work than not required)

Administrative approval of Director (Approved / Not-approved) _____

Purchase & Condemnation Committee's Remarks : _____

After shortlist the vendor etc. - (Final approval of Director) _____

Unique Budget Code	
Budget	
Budget Consumed	
Balance Budget	