

To.....

Form No. 9.2A

Agency

No.

Date :

REQUISITION FORM

Kindly arrange to supply the following items

Sl.No.	Description	Specification	Qty.	Purpose

Date

Recommendation from
Immediate Supervisor/Property Officer
Remarks (if Required)

a) Remarks from store Division (if any):
b) Remarks from procurement officer (if any)
c) Remarks from Accounts Division (if any)

Signature
Name & Designation

Date:

Approved by

Signature
Name & Designation