



Administration Department

**STORE'S/FIXED ASSETS' ISSUE OREDR UNDER THE PROJECT
NCGE**

Employee Name:	Designation:
Department/Lab:	Date:

Sr. #	Particulars of Items (Specs if any)	Unit of Measure	Quantity Demanded	Quantity Issue
1				
2				
3				
4				
5				
6				
7				

Originated by (Signature)	
PI Project (Name & Signature)	

Checked by: Store Incharge	Approved by: Project Director

Remarks (if any)

Received By: (Name & Signature)	
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