Center for Advanced Studies

in Agriculture and Food Security University of Agriculture-Faisalabad



Administration Department

STORE'S/FIXED ASSETS' REQUISITION FORM

Employee Name:			Designation:				
Depar	tment:		Date:				
Sr. #	Particulars of Items	(Specs if any)		ERP Code	Unit of Measure	Quantity Demanded	
Origin	nated by (Signature)						
Line N	Manager (Signature)						
Checked by: Storekeeper			Approved by/ Verified by: In-charge Administration		Approved by Director: (In case of fixed assets)		
Rema	rks (if any)						