

Administration Department

STORE'S/FIXED ASSETS' REQUISITION FORM

Employee Name:	Designation:
Department:	Date:

Sr. #	Particulars of Items (Specs if any)	ERP Code	Unit of Measure	Quantity Demanded

Originated by (Signature)	
Line Manager (Signature)	

Checked by: Storekeeper	Approved by/ Verified by: In-charge Administration	Approved by Director: (In case of fixed assets)

Remarks (if any)