

**REQUISITION FORM**

Date: _____

1. WING	2. PROJECT	3. LOCATION	4. REQUISITION TYPE (Tick relevant option)	
			Repair/Replacement/Store Items [___]	New Procurement [___]

5.

S.NO.	ITEM DESCRIPTION	QTY.	ESTIMATED COST (for New Procurements)	JUSTIFICATION (In case of replacement of faulty equipment, Fault Report must be attached. In case of new requirement complete and detailed justification with valid reasons and supporting documents to be provided)

6. Initiated by:Name: _____
Designation _____ PG: _____
Department: _____ Signature: _____**7. Head of Wing/Department:**Name _____
Designation: _____
Date: _____ Signature _____**8. Approved by (CEO, PRAL) (Requirements above PKR 50,000/-):**

Name: _____ Signature: _____ Date: _____

9. Admn. Department:

Received on: _____

Store Keeper's Remarks: _____ Existing Tag No: _____

SM(Admn. & HR) Remarks: _____ Date: _____
Signature _____**10. Procurement Department through Admn. Department (For new procurements/warranty claims):**

Received on: _____

Remarks: _____ Date: _____
Signature _____