



No. _____

Date _____

STORE REQUISITION

It is requested to please issue us (Department: _____)
the following items.

Sr. No.	Name of Item	Qty	Stock Register Page Number	
			Central Store	Departmental Store
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Allowed By:
(Officer Incharge Central Store)

Demanded By:
(Head of Department/Section)
Duly signed & stamped

Issued By:
(Supervisor Central Store)

Received By: _____

Name _____

Designation: _____