

**STATIONARY & GOODS REQUISITION FORM**

REQUESTOR :		DEPT :		DATE :	
H.O.D NAME :		SECTION :		EXT NO :	

NO.	STATIONARY	QTY	FACILITY & ASSETS		HOUSEKEEPING	QTY	FACILITY & ASSETS	
			QTY	DATE			QTY	DATE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

NOTE 1. H.O.D need to plan a monthly budget of goods to avoid wastage.

2. H.O.D appointed one name as departmental representative for requisition purpose.

3. Any exchange must bring the goods that have been used as evidence such as whiteboard marker, pen, calculator, ink cartridge and etc.

REQUESTED BY	VERIFIED BY (H.O.D)	RECEIVED (F&A)	FOR OFFICE USE ONLY (F&A)
NAME :	NAME :	NAME :	
DATE :	DATE :	DATE :	