

**PETROSAFE SAFETY SYSTEMS**

Address:

Tel No.:

E-Mail:

Website:

**MATERIAL INDENT****Indent No. :** HO/IND/0004**Indent From :** HEAD OFFICE**Indent Date :** 03 Oct 2018**Indent By :** Admin**Indent Status :** Authorised**Authorized By :** Admin**Remark :**

Sr.No.	Particulars	Ord. Qty.	UOM	Authorisation Remark
1	COVERING BOX CASTING Disc : QTLS-002-CD-02 Item Remark :	100.00	no	
2	COVERING BOX CASTING Disc : QTLL-002-CD-02 Item Remark :	100.00	no	
3	COVERING BOX CASTING Disc : MTLS-002A-CD-02 Item Remark :	200.00	no	
4	COVERING BOX CASTING Disc : MTLL-002-CD-02 Item Remark :	23.00	no	

Remark :

Authorisation Remark :

**Prepared By****Checked By****Authorised By**Admin  
Name & SignatoryAdmin  
Name & SignatoryAdmin  
Name & Signatory