

	<h2 style="text-align: center;">PURCHASE REQUISITION</h2>	P.R.No: <input type="text" value="PO/HO/1516/"/>
		Date: <input type="text" value="15-10-2015"/>
<div> <input type="radio"/> MOST URGENT <input type="radio"/> IMMEDIATE <input type="radio"/> ROUTINE PURCHASE </div>		
<b>From:</b>		
Name: <input type="text" value="Name"/>	Email: <input type="text" value="sanjay@avi-oil.com"/>	Dept: <input type="text" value="IT"/>
		Location: <input type="text" value="R&amp;D"/>
<b>Head of Department:</b>		<b>Indent Authority</b>
Name: <input type="text"/>	Email: <input type="text"/>	Name: <input type="text"/>
		Email: <input type="text"/>
Location: <input type="text" value="Plant"/>	Location: <input type="text" value="Plant"/>	
<b>Nature of Materials:</b>		
<div> <input type="radio"/> Stock Item <input type="radio"/> Local Purchase <input type="radio"/> Regular Purchase </div>		
<b>Category of Material Required:</b>		
<div> <input type="checkbox"/> RAW MATERIALS <input type="checkbox"/> COMPONENTS &amp; SPARES ADMIN.STORES <input type="checkbox"/> ADMIN STORES </div> <div> <input type="checkbox"/> PRODUCTION CONSUMABLES <input type="checkbox"/> MAINTENANCE CONSUMABLES <input type="checkbox"/> MISC.STORES </div> <div> <input type="checkbox"/> PACKAGING MATERIALS <input type="checkbox"/> LAB MATLS <input type="checkbox"/> IT </div>		
<b>S.No</b>	<b>Item Code</b>	<b>Description</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>INDENTOR</b>	<input type="text" value="Indentor"/>	<b>Remark</b>
<b>DATE</b>	<input type="text" value="15-10-2015"/>	<div> Your reasons <div></div> </div>
<div> <input type="button" value="Submit"/> <input type="button" value="Print"/> </div>		