

MATERIAL ISSUE FORM

(PROJECTS) - OPT JUBAIL

Company Name				DATE:	
Contact Person:			Phone Number:		
MAKE:	Model:		SERIAL NO.:		
COUNTER:	B/W		Color:	Total:	
<input type="checkbox"/> Repair / Servicing <input type="checkbox"/> CPC-Projects <input type="checkbox"/> Consumable for Office Use					
ITEM#	DESCRIPTION	ITEM CODE	QTY	REMARKS	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

NAME		RECEIVED SIGN & DATE	Stock Controller
Requested By :			
NAME :			
Employee ID :			
Approved By :	Bensil Valdez		
Supervisor :			