

STATIONARY REQUISITION SLIP

Name of the person :

Designation:

Requisitioning :

Dated:

Please issue the following stationary/articles:-

<i>Code No.</i>	<i>Description</i>	<i>Date/Qty. of Previous Receipt</i>	<i>Remarks</i>

 Concerned Officer

 Signature of Requisitioner

Store Incharge

Received the above Items

 Signature of Receiver