

Grocery Requisition Form (Updated on 30.06.2021)

Name: Consumption Location: Consumption Month: Date:

Payment Term- (i) Imprest (ii) Reimbursement (iii) After Purchase

Item Name	Qty.	Qty. Last Month Ordered	Item Name	Qty.	Qty. Last Month Ordered
Milk (Toned)			Tissue Paper		
Sugar			Namkeen		
Tea			Biscuit		
Green Tea			Salt		
Dip (Taj Mahal)			Dish Wash Soap		
Coffee			Hand Wash		

Approval- HR Head:

- I have checked & then above quantities are OK, please go ahead with the purchase.

Name: Date: Sign:

Remark (If any):

Accounts Department:

- Adjust, reimburse or make the payment of same upon getting the bill, if imprest basis purchase, issue imprest in lump sum.

Name: Date: Sign:

Remark (If any):