

Stationary Requisition Form (Updated on 30.06.2021)

(In the case of Online Filling, Press Ctrl + S to save the form & no need for the signature.)

Section 1:-

Employee Name: Employee Code:
Designation: Department:
Contact No.: Request Date:
Consumption Month:

Requested Items

Item Name	Qty.	Item Name	Qty.
A4 Paper (Century)		Calculator	
Index File		Stapler	
Ring File		Stapler Pin	
Office File		Fevistick	
Writing Pad		Hole Punching Machine	
Spiral Pad		Cutter	
Pen		Scissor	
Pencil		Reminder Slip	
Board Marker		Register/Notebook	
Permanent Marker		Carbon Paper	

Employee Signature:

- Please forward this form to Section 2.

Section 2- Store Department:-

- Check the availability of stock for above items.
- If available then issue to the originator.
- If not available then place order.

Name: Order Date: Issued Date:

Remark (If any):

- Stack the requisition form in the requisition file.

----- End of Form -----