

STATIONERY REQUEST

Date\_\_\_\_\_

EMP Name: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_

SrNo	Item	Qty	Purpose	Total
	Total			

\_\_\_\_\_

APPROVAL BY HOD.

\_\_\_\_\_

Employee Signature

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FOR OFFICE USE ONLY:

ORDER NO: \_\_\_\_\_

DATE\_\_\_\_\_

Name of Supplier: \_\_\_\_\_

Dear Sir,

We would like to place an order for the following items and would request you to deliver the same as soon as possible to the address given below. Payments will be subject to the delivery of goods as per the order form.

\_\_\_\_\_

Admin Signature