

Institute of Management Sciences | Peshawar

Store Issue Requisition Form

Form #

Date:

Applicant Name:

Designation

Department/Section

Faculty Member

The following Item(s) as listed in the table are required:

S#	Name of Item (s)	Qty Requisitioned	Qty Issued (for store use)	Remarks (if any)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Submitted for Approval Please.

Applicant Signature	Recommended by HoD/Section Head (Signature with Name)	Approved by Director/ Deputy Director
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Acknowledgement by Recipient:	Posted by Store Incharge:
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