**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF PROGRAM / DEPARTMENT** |  | **NAME OF DEAN / HOD / PROJECT HEAD** |  |
| **USER NAME** |  | **USER DESIGNATION** |  |
| **BUDGET PROVISION** |  YES □ NO | **PROPOSED PERIOD OF USE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **RESOURCE NAME** | **TICK THE ITEM** | **QUANTITY REQUIRED** | **NOTES / COMMENTS / REMARKS (IF ANY)** |
| **WORKSTATION** | □ |  |  |
| **LAPTOP** | □ |  |  |
| **PRINTER** | □ |  |  |
| **SCANNER** | □ |  |  |
| **EXT. USB DRIVE** | □ |  |  |
| **IF OTHER PLEASE SPECIFY** |  |

|  |  |
| --- | --- |
| **JUSTIFICATION FOR ITEM TO BE PURCHASED** |  |
| **IS THIS ASSET USABLE FOR OTHER PROJECTS? (IF YES, PLEASE PROVIDE THE DETAILS)** |
|  |
| **WHETHER FUNDS AVAILABLE FOR DISBURSEMENT OF THIS REQUISITION ?** |
| □ YES □ NO **BUDGET From :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GST NUMBER For Billing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| ---------------------------------------**SIGNATURE OF USER** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SIGNATURE OF** **DEAN / HEAD / PROJECT HEAD** |

**----------------------------------------------------------------- TO BE FILLED BY THE IT DEPARTMENT -----------------------------------------------------------**

**---------------------------------------------**

**APPROVAL BY ITS ADVISOR (SIGNATURE)**

**COMMENTS / REMARKS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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