

For the use of Supplies Division ONLY	
A	Information
	All the information requested under 1,2,3,4,5,6 and 7 in the below table are completed Yes
B	Relevant Subject Clerk/s
Deputy/ Senior Assistant/ Assistant Bursar/ Supplies Date:	

To be filled by the Requesting Faculty/ Department/ Division/ Centre/ etc.	
1	Basic Information
	Date
	Administration/ Faculty/ Centre
	Division/ Department
	Name of the Self Finance Course/ Research Grant/ Centre/ etc. if Applicable
2	Description of Requested Toner (Please note that for each type of Toner, a separate Recurrent Goods Requisition Form has to be used).
	Name of the Toner
	Quantity Required
	Reason/s, if required more than ONE
3	Details of the Machine
	Brand & Model
	Serial Number
4	Requestor's Details
	Name of the Requestor
	Requestor's Contact Information: Mobile No.: Extension: Email Address:
	Signature of the Requestor
5	Recommendation
	Dean/ Librarian/ Registrar, I confirm the details given under number 2 and 3 are correct. I recommend purchasing the toner mentioned under number 2, for the use of the Faculty/ Division/ Department/ Centre/ Programme/ Research. Also, the above requestor is appointed to coordinate this procurement on my behalf. Head of the Department/ Division/ Date:
6	Approval
	Bursar, I approve the purchase of above toner. Dean/ Librarian/ Registrar Date:
7	Deputy/ Senior Assistant/ Assistant Bursar/ Supplies, Commence the procurement process.
	Bursar Date: