**NCU/FRM/3.2/RDIL/009**

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|  | **REQUISITION FOR NON - CONSUMABLE ITEMS PURCHASED FROM PROJECT FUNDS** |  |
| 20 \_\_- 20 \_\_  (Financial year) |

Name of Faculty/ P.I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advance Amount (if any) Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget Head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Section\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sanction No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Lab:

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| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Description of items** | **Name, Address of Supplier CM/Bill No. & Date** | **Qty** | **Rate** | **Amount** | **Remarks** |
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|  |  | **Total** |  |  |  |  |

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| Certified that the items of this sheet have been procured by me in good condition.  Sign. of Buyer (s)  Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E. Code (s) \_\_\_\_\_\_\_ | For Adjustment / For Payment by Cheque  Consolidated pass order for  1. Non consumable Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deduction to be made Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  On A/C of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Already paid Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance now payable Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (in words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By Cheque directly to vendor/through  (Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Sign. HoD/P.I  E. Code : \_\_\_\_\_\_ |

HoD/Nominee to sign after ensuring that S.No. as put at the top of the previous page is in order.

Signature of HoD or P.I

**STOCK HOLDING / HANDING OVER**

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| **Date** | **Particulars of**  **items** | **Received** | **Location of Stock** | **Entry No. in**  **Stock Register** | **Sign. P.I** |
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| Issued By: | Approved By: |
| Date: | Date: |