**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: |