**PURCHASE REQUEST FORM**

*The applicant must fill out this form only after the store officer has confirmed that the requested office supply (equipment, or stationery) is not available.*

Click or tap to enter a date.

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| **Applicant Information**  |
| **Name:** |  |
| **Designation:** | Choose an item. |
| **Program:** | Choose an item. |
| **Office No:** |  | **Extension No:** |  |
| **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.** | **Name of Item** | **Specification of Item (if any)** | **Quantity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Purpose of the requested item (how it will be used):**  |
| **Applicant Signature** |  |

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| --- |
| **For Office Use** |
| **Store Officer Name** | **Verification Comments** (if any) | **Signature & Date** |
| **Authorization by the Dean** |  **Approved**  **Not Approved** | **Signature & Stamp** |