



PR NUMBER:

PURCHASE REQUISITION FORM

Requestor _____
 Position _____
 Department _____
 Date _____
 Required _____
 Date _____

Type Of Purchase (/): -

- Recurrence / One Off
 Budgeted / Non-Budgeted
 Normal / Urgent

If urgent state a reason:

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Purpose of Purchase:

(MANDATORY TO FILL UP)

NO	ITEMS	QUANTITY	ESTIMATED COST

Prepared by: Name: Date:	Verified by (HOD/HOS): Name: Date:	Received by (Purchasing Dept): Name: Date:
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FOR ADMIN / PURCHASING DEPARTMENT ONLY