

ITR-002 - REQUISITION – IT ACCESSORIES



Name:	Designation:
Business Pillar/ Unit:	Region (North / Center / South):
Department:	Reports To:
Office (Location):	Mobile No:

IT ACCESSORY		
Type of IT Accessory (Portable/ USB Drive, Keyboard, Mice etc.) required:		
No. of items:	Budgeted Expense (Yes/ No):	Budgeted Amount, if yes:
Purpose of Use/ Justification:		

Employee Signatures: _____

HEAD OF THE DEPARTMENT

Rank/ Name: _____

Designation: _____

IT Accessory Approved/ Not Approved

HoD's Stamp & Signatures: _____

ACTION BY IT DEPARTMENT

Requisition Received By: _____ Requisition Receiving Date: _____

Details of IT Accessory Provided:

IT Accessory Provided On: _____

Item(s) provided from **IT INVENTORY:**

S No	Item Description	Remarks
1		
2		
3		

Item(s) **PURCHASED:**

S No	Item Description	Vendor, Invoice No & Date	Cost	Remarks
1				
2				
3				

IT Accessory handed over/ received in good working condition.

MIT Stamp & Signatures: _____

End User's Signatures: _____