

ITR-003 - REQUISITION – PRINTERS CARTRIDGES

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

PRINTER & CARTRIDGE DETAILS			
Printer Brand/ Model:			
Purchase Source:		Date of Purchase:	
Cartridge Brand/ Model:		Drum Brand/ Model (if separate):	
Date of last Replacement/ Recycling/ Refilling:			
Service Type Required Now (Replacement/ Recycling/ Refilling/ Other Consumable):			
General Remarks on Printer's Performance (if any):			

Employee Signatures: _____

HEAD OF THE DEPARTMENT / LINE MANAGER

Rank/ Name: _____

Designation: _____

Recommended/ Not Recommended

Stamp & Signatures: _____

ACTION BY IT DEPARTMENT

Requisition Received By: _____ Requisition Receiving Date: _____

Cartridge / Drum Provided On: _____

Service Provided: Replacement / Recycling / Refilling / Other Consumable

MIT Stamp & Signatures: _____