

GOA COLLEGE OF ENGINEERING
FARMAGUDI PONDA GOA
PURCHASE REQUISITION

NAME OF THE LABORATORY:-

STORES INWARD NO:-

DEPARTMENT:-

DATE:-

Sr. No.	Detailed specification	Qty.	Approximate cost (each) Excluding Taxes	Probable Suppliers	Fund	Status of Previous purchase	Justification for purchase

Lab. Asstt/LDC etc. Sign.:
Name:-

Professor In Charge Sign.:
Name:-

Stores Officer Sign.:
Name:-

Head of Department Sign.:
Name:-

Approval of The Principal for Purchase Sign.:
Name:-