To

……

…….

Form No. 9.2A

Name of the Sector:

Date:

Kindly arrange to supply the following items:

S.No	Particulars	Specifications	Quantity	Rate	Awarded firm	Purpose

Recommendation from

Immediate Supervisor/Sector Head

Put up by: (Name and Designation)

a. Remarks from Store In-charge:

b. Remarks from Procurement Officer:

c. Remarks from Sr.Accounts Officer or Budget Officer:

Approved by:

Signature

Name & Designation