



The Store in-charge
National Council of Bhutan

Date: ___ / ___ / _____

REQUISITION /APPROVAL FORM

Kindly arrange to issue the following items/particulars to the undersigned.

Sl.	Particulars	Specification	Quantity	Purpose	Remarks

Comments by:

(Name, Signature & Designation)

Accounts Officer

Adm.Officer

Store In-charge

Director