



# Al-Karam International Institute

A Federal Chartered University

## REQUISITION SLIP

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Department /Office: \_\_\_\_\_

Expense Head (Office Use) : \_\_\_\_\_

Sr.No.	Item Details	Required Quantity	Approved Quantity (Office use)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
12			
13			
14			
15			
16			

Verified by Department;

Requested by Name : \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature : \_\_\_\_\_

Approved by	
1) Waheed Ahmad	
<b>Treasurer</b>	
2) Saeed Zubair	
<b>Dy. Registrar</b>	