

CMC Purchasing Department

Material Requisition Form

Date :

Department :

Facility:

Requested By:

Signature :

Justification for Request:

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No	Stock Code/Brand	Item Description	Unit	Stock In Hand	Required Qty	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

For Clinic Admin Dept. use only:

Remarks:

Checked By:

Reviewed By

Approved By:

Store Keeper:

Branch Accountant

Clinic Operation Manager

Date:

Date:

Date:

For Purchase Dept. use only:

Remarks:

Received By:

Approved By:

Purchase Officer:

Purchase Manager:

Date:

Date:

Delivery of the request items usually to take place 3-4 working days & depends upon availability of stock

Request can be consider once received in purchase

Stock in Hand Details is compulsory

*if any missing details request will be holded