Purchase Requisition Form\*

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| --- |
| Name: |
| Project Titles: |
| Project Number: |

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| Item | Quantity | Description | Unit Price | Total Price |
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| Special Instructions: | | | | |

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| Signature of Faculty: | Date: |
|  | |
| Signature of Head of CSE Dept.: | Date: |

\* Complete this form and submit this at the CSE department office (Room# 5001).Please attach justification in a separate sheet.