

INDENT/REQUISITION SLIP

SCHOOL OF APPLIED SCIENCES & TECHNOLOGY (SAST) GUJARAT TECHNOLOGICAL UNIVERSITY STORE & PURCHASE DEPARTMENT			
Slip No: -		Date:- _____	
Please issue the following Materials.			
Sr.No	Particular	Qty.	Purpose of Use
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Remarks: Indenter: _____ Approved By:- _____ <div style="display: flex; justify-content: space-around; margin-top: 20px;"><div>Storekeeper</div><div>Director</div></div>			

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7.			
8.			
9.			
10.			
<p>Remarks:</p> <p>Indenter: _____</p> <p>Approved By:- _____</p> <p style="text-align: center;">Storekeeper</p> <p style="text-align: right;">Director</p>			