

St. Vincent Pallotti College of Engineering & Technology

Finance and Accounts (Store)

Facility Requisition Slip

Program Name : _____

Name of Faculty Coordinator : _____

Program Type : Curricular / Co- Curricular / Extra Curricular (√)

Dept : _____ Student Coordinator : _____

Program Date : _____ Time : From : _____ To : _____

Facilities Required :

| Sr. No. | Requirements | Qty. | Specification |
|---------|------------------------------------|------|---------------|
| 1 | Venue | | |
| 2 | Mike / Sound/LCD | | |
| 3 | Rolling / Plastic Chairs | | |
| 4 | Attendants(if required, how many?) | | |
| 5 | Cleaning Arrangements | | |

| Sr. No. | Transportation(if required) | Amount |
|---------|-----------------------------|--------|
| 1 | Time: | |
| 2 | From: | |
| 3 | To: | |

| Sr.No | Budget/Refreshment / Items | Rate | Qty | Amount |
|--------------------------|----------------------------|------|-----|--------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| Total Amount In Rupees - | | | | |

| Sr.No | Stationery | Rate | Qty | Amount |
|-------------|---------------|------|-----|--------|
| 1 | Bouquet | | | |
| 2 | Dairy/Pen | | | |
| 3 | Memento | | | |
| 4 | Flex | | | |
| 5 | Sapling | | | |
| 6 | Miscellaneous | | | |
| Grand Total | | | | |

| | | |
|----------------------|-----------------|-------------------------------------|
| Signature | Signature | Signature |
| Prepared by Incharge | Verified by HOD | Approved by Financial Administrator |