Date……

FARM PRODUCTS REQUISITION FORM

Kindly accord approval for the procurement the following item(s);

Sl. No	Farm Products/Produce	Quantity	Date of Requirement	Purpose
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Name of the Applicant ……. **Dept./Section:** **Signature**

Verified by:

Sl. No	Responsible person	Responsibility		Signature
Step 1	Supervisor (s)/HoD/PL	Recommendation of requirement if any;	○ Recommended ○ Not recommended	
Step 2	Farm Manager	Verification/Issuance	○ Recommended ○ Not recommended	

Approved by:

PRESIDENT