

**AKAL UNIVERSITY, TALWANDI SABO, BATHINDA**

**PURCHASE PROPOSAL REQUEST FORM**

Purchase Head: \_\_\_\_\_

Name of Person: \_\_\_\_\_ Indent Date: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

**Please tick where ever applicable**

Type of Material		Purchase Order Type	
Consumable		Normal	
Non-consumable		Repeat Order	
Limited Time Asset		Rate Contract	

Quotation Attached (Y/N):

**Details of Required Items**

Sr.No.	Complete Description of Items (Model, Catalog No)	Brand/Make	Qty Required	Purpose	Tentative price per unit

**Suggested Supplier**

Sr.No.	Name	Address

Signature: \_\_\_\_\_

Approval by Vice-Chancellor: \_\_\_\_\_