



University of Swat

Office of the Treasurer/Store Section

Main Campus Charbagh, Swat

REQUISITION SLIP

Name: _____ Designation: _____

Department: _____ Signature: _____

HOD Signature: _____ Date: _____

<u>Demand List</u>				
S.No	Item Name	Description	Qty	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Registrar

Treasurer

Store Officer

Issuance	Item Name	Qty	Item Name	Qty

Received by:

Remarks of Store Officer (If any):

Name _____

Designation _____

Signature _____
