

BUGEMA UNIVERSITY

P.O BOX 6529, KAMPALA

STORE INVENTORY REQUISITION FORM

GRN NO.....

DEPARTMENT.....DATE.....

NO.	ITEM DESCRIPTION	QUANTITY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

	NAME	SIGNATURE
REQUESTED BY		
AUTHORIZED BY		
ISSUED BY		
RECEIVED BY		
CHECKED BY		