

**MINISTRY OF EMPLOYMENT, PRODUCTIVITY & INDUSTRIAL RELATIONS**

ME/CS/1/5-06 RF1

**REQUISITION FORM**APPROVAL:  
PSEPIRREVISION:  
6ISSUE DATE:  
03/10/17PROCEDURE OWNER:  
CORPORATE SERVICE

SECTION #1 (To be completed by Requestor)			
DATE			
REQUESTOR'S NAME:		SBU	
PHONE #:		E-MAIL:	
Type of Purchase Request (select only one)	<input type="checkbox"/> Stationery <input type="checkbox"/> Travel	<input type="checkbox"/> IT Equipment <input type="checkbox"/> Accommodation	<input type="checkbox"/> Fuel <input type="checkbox"/> Vehicle Maintenance <input type="checkbox"/> PPE <input type="checkbox"/> Others (Please specify)
Quantity of item:		Are the 3 quotations attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suppliers	Name of Supplier 1:	Name of Supplier 2:	Name of Supplier 3:
Unit Cost			
Total Cost			
Recommended Supplier (Tick only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justification for purchase and recommended supplier:			
Signature of Requestor:		Signature of Supervisor:	
		Signature of Manager/Director	

SECTION #2 (For completion by Accounts)	
Remarks by SAO / AO	
Remarks by Director Corporate Services	
Remarks by PSEPIR <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
Remarks by SAO	Allocation:
Remarks by AO	PO #:
Vendor ID	Date: Cost:
General Remarks	

Note: Purchase approval authority

☐ Up to \$3,000.00 – AO ☐ Up to \$5,000.00 – SAO ☐ Up to \$10,000.00 – MCS  
☐ Up to \$25,000.00 – DS ☐ Up to \$50,000.00 – PS



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<div>APPROVED</div> <div>NOT APPROVED</div>	
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