

Product Requisition Form

Requisition No.

Date

Department

Requested By

Contact

Product Details

#	Description	Quantity	Unit	Remarks
1	<input type="text"/>	<input type="text"/>	<div>Select</div>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<div>Select</div>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<div>Select</div>	<input type="text"/>

Purpose / Additional Instructions

Requested By

Approved By

Received By

Note: Please ensure all fields are filled accurately before submission.