

REQUISITION FORM

Department: _____ Requisition No: _____

Requestor Details:

Full Name: _____

Employee ID: _____

Contact Number: _____

Email Address: _____

Requisition Details:

Item Description: _____

Quantity: _____ Unit: _____

Preferred Supplier: _____

Required Delivery Date: _____

Approval Section:

Approved By: _____

Position: _____

Signature: _____ Date: _____

Terms and Conditions:

1. All requisitions are subject to approval by the authorised personnel prior to procurement.
2. The Requisitioner certifies that the items requested are necessary for legitimate business purposes and comply with company policies.
3. Procurement will be carried out in accordance with applicable Australian laws, regulations, and internal procedures.
4. Any deviations, substitutions, or changes to the requisition require prior notification and approval.
5. Confidentiality of procurement details must be maintained as per company standards and legal requirements.
6. The company reserves the right to reject any requisition not fulfilling the necessary criteria or lacking sufficient approval.
7. The Requisitioner agrees to cooperate fully in any audits or investigations related to procurement.
8. Payments and contracts arising from this requisition are governed by applicable Australian contract law and company policies.

REQUESTOR'S SIGNATURE

APPROVER'S SIGNATURE

Signature: _____

Signature: _____

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