

Requisition for Printer Cartridge Refilling.

Date: _____

Department: _____ User Name: _____

Printer Model: _____ No of Cartage: _____

Signature of HOD/Authority/In-charge

.....

Office use only

Forwarded to Maintenance Cell

Date: _____

Approved by

HOD
(CS & IT Dept.)

Remark _____

(System Analyst)

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