



**EGERTON UNIVERSITY**

**GOODS AND SERVICES REQUISITION FORM**

**NUMBER**

**Date**

Please Note that requisition is for internal use only and no liability will be accepted by the University if goods and services are acquired, using it

**Approved Estimates**

**Less Total Expenditure including this entry Kshs**

**Balance to Account Kshs**

Please ORDER the following goods/services from \_\_\_\_\_ of P.O BOX

ITEM	QTY	DESCRIPTION	UNIT PRICE	TOTAL(KSHS)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
<b>TOTAL KSHS</b>				

Signature Head of  
Department

Department

ACCOUNT NUMBER

**Finance Officer Comments**

Authorized \_\_\_\_\_

**Vice Chancellor Comments**

Authorized \_\_\_\_\_

This requisition form will not be altered without consultation with Head of Department