

Equipment Requisition Approval Form

Company Name: _____

Department: _____

Request Date: _____

Requisition Number: _____

Requester Details

- Full Name: _____
- Designation: _____
- Supervisor's Name: _____
- Project Reference (if any): _____

Equipment Requested

Item Name	Model/Specification	Quantity	Urgency
			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Reason for Equipment Request

Approvals

- Department Manager: (☐ Approved ☐ Denied)
- Procurement Manager: (☐ Approved ☐ Denied)

- **Budget Clearance:** (☐ Yes ☐ No)
- **Final Approval By:** _____
- **Date:** _____
- **Signature:** _____