

Staff Equipment Requisition Form

Company/Institution Name: _____

Department: _____

Date: _____

Requisition Number: _____

Staff Details

- Employee Name: _____
- Employee ID: _____
- Designation: _____
- Supervisor's Name: _____
- Project Assigned (if any): _____

Requested Equipment Details

| Equipment Name | Model/Specifications | Quantity | Estimated Cost |
|----------------|----------------------|----------|----------------|
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| | | | |
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Reason for Request

Acknowledgment & Approval

- **Supervisor Approval:** (**Approved** **Denied**)
- **Procurement Department:** (**Approved** **Denied**)
- **Expected Delivery Date:** _____
- **Final Approval By:** _____
- **Signature:** _____
- **Date:** _____