



OUTLET REQUISITION FORM

OUTLET: _____	GROUP LEADER: _____	CONTACT NUMBER: _____
DATE ISSUED: _____	_____	_____
INSTRUCTOR: _____	_____	_____
COURSE CODE: _____	GROUP MEMBERS: _____	_____
DAY/TIME: _____	_____	_____
SECTION: _____	_____	_____
_____	_____	_____
_____	_____	_____

PARTICULARS	QUANTITY NEEDED	QUANTITY ISSUED	RETURNED	LOSSES	DAMAGES	REMARKS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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24						
25						
26						
27						
28						
29						
30						

Issued by: _____
Signature over Printed Name

Date: _____

Items issued received by: _____
Signature over Printed Name

Date: _____

Returned by: _____
Signature over Printed Name

Date: _____

Items returned received by: _____
Signature over Printed Name

Date: _____