**STATE SOCIETY FOR ULTRA POOR AND SOCIAL WELFARE, PATNA**

Procurement Requisition

1. Name of Component.................................................................................................
2. Sub-Component under approved budget....................................................................

1. Approved budget Amount.........................................................................................
2. Expected Date of Requirement..................................................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Required Items** | **Qty/Unit** | **Estimated Rate per Unit** | **Estimated Amount** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| **Total Estimated Amount (in Rs.)** |  |

Signature of Applicant:

Name of Applicant:

Designation:

Date:

Recommended by:

 Signature of Approval Authority

**Note:**

1. Approval must be taken before 3 working Days of requirement for estimated value upto Rs.15000/- .
2. Approval must be taken before 15 working Days of requirement for estimated value from Rs.15000/- to upto Rs.1,00,000/-.
3. Approval must be taken before 45 Working Days above Rs.1,00,000/- .