



AMDA-Nepal

Purchase Request

Ref.:

Hospital/Project:

Requested Date:

Sn	Item Description	Requested Qty	Approved Qty	Remarks (Vender/ Agr No)

Requested by (Store Unit)	Recommended by (Head of Finance- Budget Confirmation)	Approved by (OIC)
(Name, Sign, Date)	(Name, Sign, Date)	(Name, Sign, Date)