



ཐོག་མཐུན་གྲུ་ལ་འདྲིན་ཞབས་ཏོག་།
CITY BUS SERVICE
THROMDE



To

Date:

.....
.....
.....

REQUISITION FORM

SI No.	Item Description	Unit	Qty	Purpose	Remarks

Submitted by (Name):

Approved by (Name):

Signature & Date:

Signature & Date: