
ANNEXURE II

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AD-01

REQUISITION FORM

Department: _____

Requisition No: _____

Name & Designation: _____

Date: _____

Sr. No.	Item Description	Unit	Quantity Required

Other Instructions

Prepared by

Approved By



AD-02

DEMAND FORM

Folio No.

To Be Filled in by FM

Total Budget: _____

Budget Utilized: _____

Signature: _____
Finance Manager

Date:

To Be Filled in by AM

Sr. No.	Item Description	Requisition No.	Department	Unit	Quantity			Purchase Order No.	Approved/Not Approved
					Demanded	Available	To be Purchased		

Other instructions/remarks

Admin Manager

Approval Authority



AD-03

**COMPARATIVE STATEMENT FOR LOCAL
PROCUREMENT**Requisition No. Date:

Type and Name of Item _____

Quantity _____

Category _____

S. No.	Description	Supplier Nme	Make	Quantity	Price	Total Price

Remarks _____

Last Purchase Detail

Date of Purchse _____

Quantity purchased _____

Supplier name _____

Unit price _____

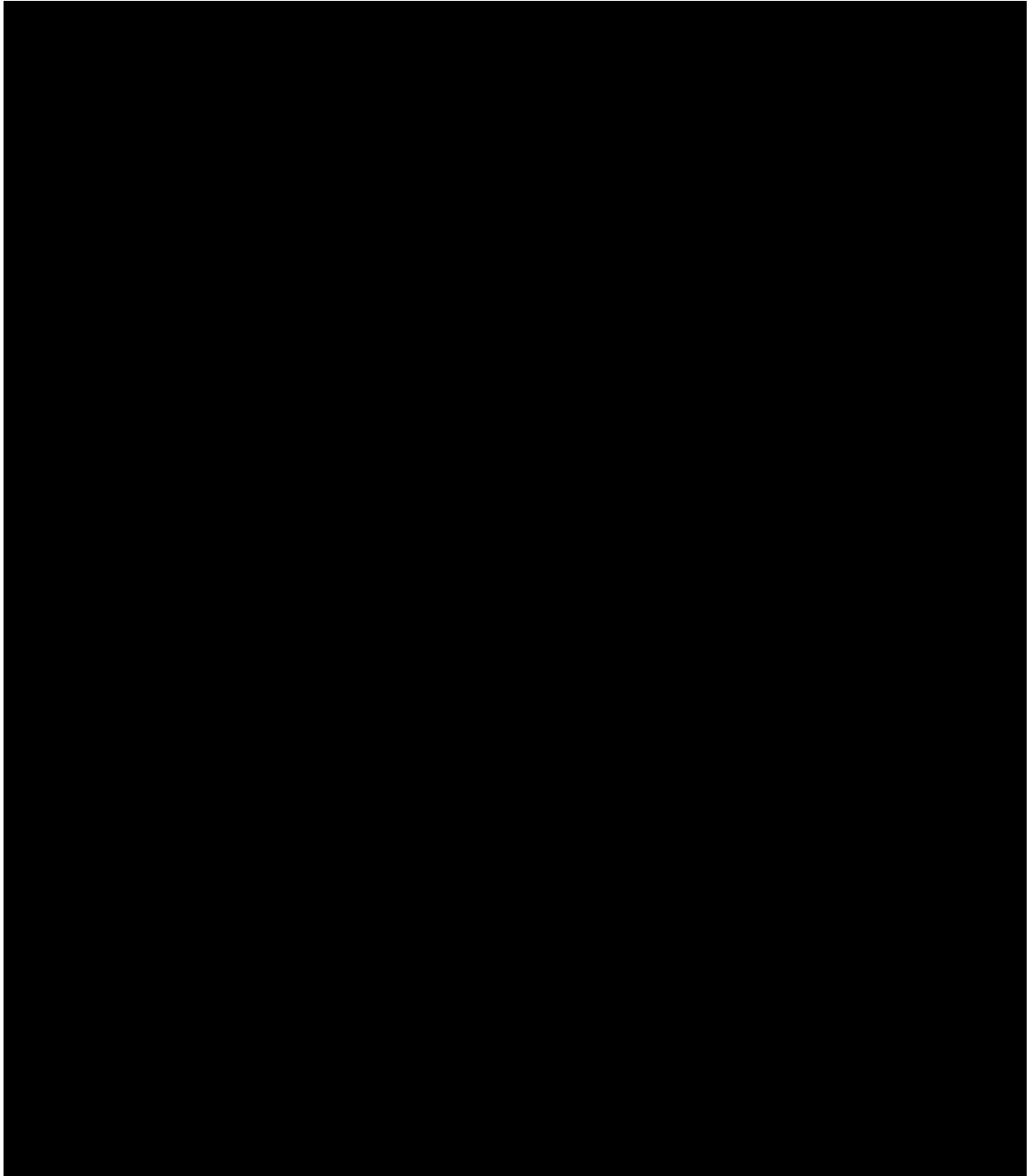
Total price _____

Any special terms and conditions_____
(Admin Officer)_____
HoD HR



AD-04

REQUEST FOR QUOTATION / PROPOSAL





AD-05

COMPARATIVE STATEMENTPurchase Requisition No. Date:

Type and Name of Item	_____
Quantity	_____
Category	_____

S. No.	Description	Supplier Nme	Make	Quantity	Price	Total Price

Remarks	_____

Last Purchase Detail
Date of Purcahse _____
Quantity purchased _____
Supplier name _____
Unit price _____
Total price _____

Any special terms and conditions

PROCUREMENT COMMITTEE

(Authorized signatures)

(Authorized signatures)

(Authorized signatures)

Name: _____

Name: _____

Name: _____

Date: _____

Date: _____

Date: _____



AD-06

PURCHASE ORDER

To _____

Order No.

Date:

Dear Sir

We are pleased to place the following order with you on the terms and conditions prescribed below:

Sr. No.	Particulars	Quantity	Rate	Amount	Delivery Schedule
Total					

Special Instruction:

Delivery Location Head Office Field Unit Any other location

Payment Mode: _____

Terms and Conditions _____ (for terms and conditions refer to our RFQ/ITB/RFP)

Yours truly

for and behalf of
ASASAH

(Name)

Confirmed

Name of Supplier

Stamp



AD-07

TRAVEL REQUEST FORMDate: TRF No.:

Traveler's Name:	Designation:
Department:	Duty Location:
Responsible staff during absence: (If applicable)	
Purpose of Travel:	

Departure		Travel Itinerary		Mode of Travel
Location	Date	Location	Arrival Date	

Estimated Daily Subsistence Allowance

No. of days: _____

Rate per day: _____

Estimated DSA (Rupees) _____

Travel Advance Request YES NO

Advance required _____

Justification of advance: _____

Prepared By
Admin Executive

Recommended By
Departmental Head

Approved By
HoD Accounts & Finance



AD-08

TRAVEL EXPENSE REIMBURSEMENT FORM

Name		Employee ID	
Designation		Department	
Purpose		Approved by	
Trip	Dates	Hours	How spent
Expenses	Dates	Details	Amount
Transport		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other	
Own car		Mileage	
Lodging		Location	
		Location	
Meals			
Other		Purpose	
		Purpose	
Total			
Amount paid as advance			
Total amount owing or due			
Signature _____		Date	
Approved by HoD _____			

Please attach receipts for all listed expenses, sign the form and send to the Accounts & Finance Department.



AD-09

INSPECTION REPORT*Description of Equipment*

<i>Custodian of Equipment</i>	<i>Designation</i>
<i>Department</i>	<i>Location</i>
<i>Nature and Date of Previous Activity</i>	<i>Problem Identified</i>

Recommended Activity Renovation or Maintenance Disposal

<i>Preparation Date</i>	<i>Prepared By</i>
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Description of Activity


Prepared By Admin Executive

Approved By HoD HR

Date: _____

Approved By CEO

Date: _____



AD-10

LOG BOOK FOR VEHICLES

For The Month of _____, 20XX

Sr.No	Date	Vehicle #	Driver Name	(Time/Days) Duration of Use	Mileage (KM)	Consumption Fuel (Liters)	Purpose of Use	Location (Local/Out of Station)

Prepared By: _____
Admin Officer

Checked By: _____
Admin Executive

Approved By: _____
HoD HR



AD-11

MAIL REGISTERRegister of Letters Received

S. No.	Month & Date	Time	Sender's Name and Address	Addressee Name and Designation	Received By	Addressee Signature
		Mail Received				
1						
2						
3						
4						
5						
6						
7						

Register of Letters Sent

S. No.	Month & Date	Time	Sender's Name and Designation	Addressee Name and Address	Name of Courier	Employee's Signature
		Mail Sent				
1						
2						
3						
4						
5						
6						
7						

Checked By
Admin Officer

Remarks



AD-12

ROUTING SLIP

Read or copy and pass on in order shown below

Name	Department	Initial / Date

Please return to:

By:

**NOTICE OF MEETING**

Notice is hereby given that managers' meeting will be held at ASASAH House # 2, Canal Berg, Canal View Housing Society, Gate # 2, Lahore on Tuesday; June 30, 20XX at 10:00 a.m. sharp.

Agenda

Agenda of the meeting will comprise ordinary and special matters as described below:

Ordinary

- 1.
- 2.
- 3.

Special

- 1.
- 2.
- 3.

Notes:

1. Special business means discussions which are not usually carried out in managerial meetings.
2. Managers intending to discuss any new agenda item will inform Administration Manager about agenda item at least ten (10) days before the meeting.