

The Director
NCE in Geology
University of Peshawar.

Dated: _____

Subject: **DEMAND**

The following items are required for office/Lab use.

S.	Name of Item	New purchase/replacement /repair. If new purchase justification	Quantity.	Unit Cost.	Total Cost.

Signature: _____

Recommended by: _____

Comments of CPC _____

Allowed/Not Allowed _____

Name: _____

Designation: _____

Account Section _____

Chairman Purchase Committee _____

Director _____

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