Demand Form KHYBER COLLEGE OF DENTISTRY - MTI PESHAWAR

Ext / Contact #:

Material Purchase Request (MPR)

MPR No: Date:				Validity of this Demand: 2 months						
Departement:			Section:							
S. No	Description/ Item Name		Requested Quantity	UOM / Pack Size	Quantity In hand	Monthly Average Consumption	Estimated Unit Price	Estimated Am	ount	
1										
2										
3										
4										
5										
6										
	Total Amount of this MPR=									
End User justification for Purchase of Items;										
	Verified By:			Technically Confirmed By :						
	Head of the Department		Technical Concerned							
	Estimated Cost by	imated Cost by Bud			$\neg \lceil$	Approved by				
	AM PROCUREMENT	/Finance Off	ance Officer DEAN KCD							
Distribution of Material Purchase Request conies: Original: AM Procurement Office Duplicate: Originator Dept										