

Items Issuing Form

Form No.: _____

Items Received By

Name: _____

Designation: _____

Organization: _____

Address: _____

Contact Number: _____ Mobile Number: _____

Email: _____

S.N.	Items Name	Description

Received From: _____ Designation: _____

Department: _____ Date: _____

Terms and Conditions: Please note safety of received goods is the sole responsibility of the recipient. All items must be returned back in the same condition as received. Any loss or theft will be the responsibility of the recipients.

Received By

Issued By

Signature_____
Signature