PIX TRANSMISSIONS LIMITED, NAGPUR

ADVANCE REQUISITION SLIP

DATE: _____

Name : _____
Designation : _____
Employee Code No. : _____
Purpose : _____
No. of Days : _____
Place of Visit : _____
Amount Required : _____
When Required : _____

Required Data Recd. : Yes / No

_____   _____   _____
Signature: Applicant   H.O.D.   Manager (Accounts)