TONER CARTRIDGE/LASER TONER REPAIR/REFILL REQUISITION

Name of the Department/Institute/Centre_____

Requisition Date: _____

Sr. No.	Printer/Photo Copier Name	Toner Cartridge/Laser Toner Model No.	Quantity	Last Supply/Refill Date

Note: Please attach attested (by the head of the department) photocopies of the Stock Register showing the entries of the said items available in the institute/department /center.

_____

Signature & Stamp of the Director/Chairman/Chairperson

Soft Copy of this Requisition Form is available for download on the official website of the university i.e. www.usindh.edu.pk in downloads section

TONER CARTRIDGE/LASER TONER REPAIR/REFILL CERTIFICATE

Certified that in response to our Requisition Dated:_____for the repair/refilling of the following Toner Cartridges/Laster Toners, the same have been repaired/refilled and working properly.

Name of the Department/Institute/Centre_____

Work Completion Date: _____

Sr. No.	Printer/Photo Copier Name	Toner Cartridge/Laser Toner Model No.	Quantity

_____

Signature & Stamp of the Director/Chairman/Chairperson

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