

Request for **Black** Cartridges

Name of Indenter	
Employee No.	
Designation	
Division	
Printer Make & Model	
Printer Cartridge Nos.	
Last Cartridge installation Date	
No. Of pages printed as on the date of indent	
Nature of Work Handled in Division	

(Signature)

Name \_\_\_\_\_

Extn. \_\_\_\_\_

Division Head sign and Name  
(GM and above)