

Request for **Colour** 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

Director