Purchase Received Form\*

|  |
| --- |
| Name of Faculty: |
| Project Titles: |
| Project Number:  |

Equipment Details

|  |  |  |  |
| --- | --- | --- | --- |
| Item  | Quantity | Description | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Details: |

|  |
| --- |
| Signature : Date: |

\* Complete this form and submit this at the CSE department office (Room# 5001).When you receive an equipment.