

CAPITAL EXPENSE REQUISITION FORM



INFORMATION DETAILS

Division:	Date:
Department:	Invoice/Quotation:
Supplier:	Reference:

Please supply the following item/s:

Select Currency

Item No.	Description	Quantity	Unit of Measure	Unit Price	Total Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL					

Purpose:

Remarks:

Terms and Conditions:

PREPARED & APPROVED BY

VALUE:	Authorisation Signatures: 1) BUDGETED: (a) 0 to 20,000 AED - 1B signature + 1C signature or 2C signatures (b) Over 20,000 to 200,000 AED - 1B + 1C signatures or 2B signatures 2) NOT BUDGETED: 0 to 200,000 AED - 2B signatures 3) All transactions over 200,000 AED, HA or KOJ signature is required	Signature Categories: B SIGNATURES Directors and Budget Holders C SIGNATURES Nominated direct reports to B
PREPARED BY:		
DATE:		

AUTHORISATION:

C SIGNATURES		B SIGNATURES		HA or KOJ (OVER 200,000)
1		1		
Name:	Date:	Name:	Date:	
2		2		
Name:	Date:	Name:	Date:	Date:

FINANCE DEPARTMENT ONLY

Date Received	BUDGETED/NOT BUDGETED	<input type="checkbox"/> Signature Checked:	FORM: B
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