Government of the Republic of Trinidad and Tobago
Ministry of Rural Development and Local Government

REQUISITION FORM

REQUESTED BY: _____ **DEPARTMENT:** _____

DATE: _____ **FILE #:** _____

SUPPLY PRIORITY: Emergency ☐ Urgent ☐ Regular ☐

Qty.	Unit	Description of Works/Goods/Services	Estimated Unit Price ($TT)	Estimated Total ($TT)
			Sub-Total:	
			Vat 12.5%:	
			Total:	

Memorandum of Justification: *(*Indicate reason for the need for these goods/services/works)

PREPARED BY: _____ **DATE:** _____
(Head of Department)

Accounts Department & Accounting Officer Only

EXPENSE ITEM (CODE) _____ **ANNUAL BUDGET** _____
Allocation

EXPENDITURE TO DATE _____ **AMOUNT AVAILABLE** _____
Releases/Confirmation of Funds

AUTHORISED MANAGER _____ **DATE** _____
In accordance with Financial Delegated Authority

ACCOUNTING OFFICER _____ **DATE** _____
In accordance with Financial Delegated Authority

Permanent Secretary/ Deputy PS: _____ **DATE:** _____
APPROVED ☐ NOT APPROVED ☐

Named Procurement Officer: _____ **DATE:** _____
APPROVED ☐ NOT APPROVED ☐