



**LEARNING RESOURCE CENTRE  
REQUISITION FORM FOR SERIALS**

**Requestor's Details**

Requestor's Name: \_\_\_\_\_

Programme/ School/ Dept.: \_\_\_\_\_ No. of Students: \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel. Ext.: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**Item Details**

No.	ISSN	Title	Publisher	Subscription Period
1.				
2.				
3.				
4.				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please attach listing if you have more than 4 items in one request form

**Office Use Only**

1. Date Received: \_\_\_\_\_

2. Requisition No.: \_\_\_\_\_

3. Supplier: \_\_\_\_\_

4. Quotation: \_\_\_\_\_

5. Purchase Order No.: \_\_\_\_\_