TRINITY
MUSHA

STOCK/ITEM MOVEMENT PERMIT

Date: _____ Department: _____

Purpose (where it will be used & delivered): _____

Requester: _____ Authorized by: _____

Name: _____ Name: _____

Signature: _____ Signature: _____

No	Item Description	Code	Qty	Qty Issued	To be returned	Remarks

Expected return Date (write N/A if not applicable): _____ Car Plate P. _____

Issued by

Name: _____ Signature: _____ Date/Time: _____

Issued by

Name: _____ Signature: _____ Date/Time: _____

Issued by

Name: _____ Signature: _____ Date/Time: _____

Issued by

Name: _____ Signature: _____ Date/Time: _____

SIGN RETURNED ITEMS:

Security Inspector: _____ Signature: _____ Date/Time: _____

Warehouse Office: _____ Signature: _____ Date/Time: _____

CamScanner