

CAPITAL EXPENDITURE APPROVAL FORM

Name of Organization:

Address:- Rathinam Techzone Campus, Pollachi Main Road, Coimbatore

Department :

Date :

S NO	Description (Should enclose Quotation & comparison statement for Purchase)	Estimated Cost

Submitted by Name :

Signature :

Department :

Recommended By	Approved By
Inventory / Non Inventory (Pls Tick)	Forwarded to : Purchase Dept / Work Order (Project) (Pls Tick)

For Accounts Department use :-

Date of entry passed:-

Initial:-

Dr:

Cr: