GREAT LAKES UNIVERSITY OF KISUMU

P.O. Box 2224, Kisumu, Tel: 254 – 57 – 2023972/2024871

FAX : 254-57-2024577

E-mail: adminkisumu@tichinafrica.org , tichinafrica@yahoo.com

STORE/ASSET

Name in full……**Sign**……**Date**…….

The above-mentioned person(s) has been authorized to carry the following equipment out of the stores.

List of Equipment(s)

1……

2……

3……

4……

5……

6……

7……

8……

9……

Purpose……..…….

…..……

…..……

…..……

…..……

Prepared by:……...Sign……Date……

Approval (Dean/Director/HoD)…….Sign……Date……

Authorized (VC/appointee)……..Sign……Date……

Stores Issuing Officer or Holder

Name……Sign……Date……

NB Duly completed form in duplicate (Original – Transferor; Copy – Faculty/Inst/Dept)

Form 109 ( )