



## REQUEST FORM

(Common for all departments)

Review Date:

Sheet 1 of 1

Contact Name	BILAL IDREES	Designation	AM SCM
Department	Planning & Procurement	Email	managarscm@smbbtr.gos.pk
Extension	4037, 4020, 7022	Contact No	

Event Details: Workshop ☐ Seminar ☐ Lecture ☐ Other ☒

Date	Start: 14-03-2024	End: 14-03-2024
Time	Start: 10:00 am	End: 2:00 pm
Details (Title/Procedure)	Tender opening	
Chief Guest Name	Procurement Committee	
No. of attendees	Vendors	

### Equipment and services required

Data Projector	Yes or No <input checked="" type="checkbox"/>	Photography	Yes or No <input checked="" type="checkbox"/>
Audio	Yes or No <input checked="" type="checkbox"/>	Laptop	Yes or No <input checked="" type="checkbox"/>
Internet Connectivity	Yes or No <input checked="" type="checkbox"/>		

### Other requirements:

N/A
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### Brief Description of the Event (For uploading on website)

Tender opening
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Head of Department/Institute  
(Signature with Seal)

### Guidelines for completing the booking form

- Dully filled and email to: [admin@smbbtr.gos.pk](mailto:admin@smbbtr.gos.pk), OR submit to Administration department (Ext: 7007 & 7008)
- Confirmation will be informed through proper channel & depend on the availability of all resources.
- Form should be submitted before 15 days of event.
- Events related to Institute will be given preference.

### For Office Use Only

Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	Approved by
Approved Seminar Room 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input checked="" type="checkbox"/>	Reviewed by