



**ICAR-CENTRAL INSTITUTE OF POST HARVEST ENGINEERING & TECHNOLOGY
LUDHIANA/ABOHAR**

TRANSFER VOUCHER FOR STORES ITEMS

(To be prepared in triplicate)

Sr. No.	Name of Store Items(s)	Transferred		Date of Transfer of Store Item(s)	Condition of Store Item(s)	Inventory Register Page Number	Remarks
		From	To				

Signature of Transferring Officer/Section _____

Signature of Taking Officer/Section _____

Signature of Store Officer _____

Signature of Storekeeper _____

Distribution :

All concerned Office/Section for making information and making necessary entry.