# REPAIR, MAINTENANCE, PROJECT PLANNING & REQUESTING FORM

**OFFICE USE ONLY:**

**Date Submission handed in: _____ Day of _____ Month in Year _____**

**Registry Number: _____**

**Confirmation of Program & Expenditure Code: _____**

**Date intending to start program: _____/_____/ _____**

**Authority confirming the request _____ Signature_____**

**(Name) Date _____/_____/_____**

**Date sighted & acknowledged National Health Secretary:**

**_____**

**Official Stamp & Signature**

**Decision:**

**Amount:**

**Further Decision: Finance Management & Finance Team**

**National Health Committee**

## Part 2: REQUEST DETAILS - PROGRAMS:

**Facility: _____ OIC Signature: _____**

**Name of Program: _____**

**Activities to be carried out: _____**

**_____**

**Budget Plan (SUMMARY OF COST ESTIMATE):**

| NO | ITEM/ COST AREAS | DESCRIPTION | AMOUNT |
|---|---|---|---|
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| | [redacted] | **TOTAL COST** | |

Name & signature of Staff in Charge of Program: _____

_____

## *Part 3: FOR ANY REPAIR, MAINTENANCE & MINOR PROJECT WORK:*

*This Activity MUST SUPPORT THE CORE PROGRAM BASED ON THE HEALTH SERVICES PLAN & NHP; if this Request if for Staff Housing, Please indicate clearly on Part 1: this INCLUDES TRANSPORT – AMBULANCES and PURCHASE OF ITEMS, EQUIPMENTS ETC..*

*3.1: EXPLAIN STATE OF THE PROBLEM:* _____

_____

_____

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*3.2: DESCRIBE HOW THIS WORK WILL SUPPORT WHAT PROGRAM/S:* _____

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*3.3: DESCRIBE SCOPE OF THE WORK:* _____

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## *3.3: BUDGET PLAN*

| *Main Income Sources:* | *Amount* |
|---|---|
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*TOTAL:* _____

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| *Main Expenditure Items:* | *Amount* |
|---|---|

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*TOTAL:* _____

## *Summary:*

***Total On Hand: K _____***

***Total IN need & Requesting: K _____***

*3.4: QUOTATION ASSESSMENT & RECOMMENDATION:*

| *Quotation: Amount* | *Company* | *Special Remarks* |
|---|---|---|
| *Recommendation 1:* | | |
| *Recommendation 2:* | | |
| *Recommendation 3:* | | |
| | | |

*3.5: EXPLAIN ANY INFORMAL/ FORMAL WORKING CONTRACT / ENGAGEMENT/ ARRANGMENT (EXPLAIN WITH DETAILS): Attached documents if any:*

_____
_____
_____
_____
_____
_____

*3.6: ATTACHEMENTS (Tick ( ) box to indicate attachments & (X) if not applicable)*

- ☐ *3.6.1: 2 – 3 Quotations from different Companies*
- ☐ *3.6.2: Attached Photos or reports of any work done If this request is for paying outstanding bills, invoices etc.*
- ☐ *3.6.3: State clearly also, where other sources of supplementary funds if used already on the work*

*Signature of OIC:* _____

*Name & Signature of Staff in Charge of Program/ Area:* _____

*Name:* _____

*Staff Witnessing:* _____

*Name:* _____

***Note: For transparency, 3 staff must sign for any works:***