



AMDA-Nepal

Maintenance Request

Ref.:

Hospital/Project:

Staff ID:

Name:

Request Date:

Designation:

Sn	Inventory Number	Item Details	Problem

Recommendation (Logistic/Admin remarks, with cost estimate)		
Designation	Signature	Date

Requested by	Budget Confirmation (Finance Unit Head)	Approved by (OIC)
(Name, Sign, Date)	(Name, Sign, Date)	(Name, Sign, Date)