



CSIR - CROPS RESEARCH INSTITUTE

OFFICE/HOUSING MAINTENANCE REQUEST

A. (To be completed by Occupant)

Name:..... Division / Section:

Property Address:..... Tel. No.....

Keys at:

(Please indicate nature of fault and location by ticking box)

Nature of Fault	Location	Comments (if any)
Electrical <input type="checkbox"/>	Bedroom <input type="checkbox"/>
Plumbing <input type="checkbox"/>	Living <input type="checkbox"/>
Carpentry <input type="checkbox"/>	Dining <input type="checkbox"/>
Painting <input type="checkbox"/>	Kitchen <input type="checkbox"/>
Masonry <input type="checkbox"/>	Bathroom <input type="checkbox"/>
Dislodgement <input type="checkbox"/>	W.C <input type="checkbox"/>
	Compound <input type="checkbox"/>

Signature:.....

Date:.....

B. (To be completed by Head of Estates Division)

Date of Inspection:.....

Details of materials:

1.

...

2.

...

3.

...

4.

...

5.

...

- 6.
...
- 7.
...
- 8.
...
- 9.
...
- 10.
...

Comments (if any)

.....
.....

Signature:..... Date:.....

C. (To be completed by Purchasing Officer)

Date Received:.....

Proforma Invoices Attached and analyzed below

Company	Amount (GH¢)	Recommendation
1.		
2.		
3.		

Signature:..... Date:.....

D. (To be completed by Director or Administration, Head of Finance and Internal Audit)

1. Certify by:..... Date:.....
(Head of Administration)

2. Certify by:..... Date:.....
(Internal Audit)

3. Approved by:..... Date:.....
(Head of Finance/Accountant)

General Comments:
.....
.....