

REQUEST FOR FACILITY SERVICE

FOR SECTION REQUEST

DATE (วันที่เขียน) :

NAME REQUEST (ชื่อผู้ร้องขอ) :

SECT. / DEPT. REQUEST (แผนกที่ร้องขอ) :

REQUIREMENT DATE (วันที่ต้องการปฏิบัติ) :

DESCRIPTION / PROBLEM / CAUSE OF REQUEST (รายละเอียด) :

FOR SECTION REQUEST

APPROVED BY

SECTION MANAGER

FOR FACILITY SECTION

FACILITY FOR ACKNOWLEDGE

Mr. EAKKAPOL / Mr. THEERATAT

SECTION FACILITY APPROVED

Mr. NARIN

JOB DESCRIPTION / IMPROVEMENT (FOR FACILITY ONLY)

ITEM	DESCRIPTION	UNIT	Q'TY	@	TOTAL	REMARK
X	FACILITY SERVICE COST (1 MAN / 350 ฿ / 1 DAY)					

SUB TOTAL

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CLEARING DATE	START TIME	STOP TIME	TOTAL TIME

IMPROVE BY.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

DEPARTMENT. / SECTION. : ADMIN / FACILITY.

APPROVED BY	VERIFY BY	CHECKED BY	PREPARED BY
Mr.NIITSUMA	Mr. NARIN	Mr. THEERATAT	