

IT SERVICES BILL TYPE REQUISITION FORM

BILLTYPE (√) where applicable)	<input type="checkbox"/> NEW BILL TYPE	PURPOSE
	<input type="checkbox"/> CHANGE DETAILS	
	<input type="checkbox"/> OTHERS	

TITLE / DESCRIPTION					
TYPE : <input type="checkbox"/> PRICE 1 (INPATIENT) <input type="checkbox"/> PRICE 2 (OUTPATIENT)			BILLTYPE CODE : <i>(eg: IPxxx, OPxxx)</i>		
		<i>(If all Item YES)</i>		<i>(If All Item NO)</i>	
ITEM DESCRIPTION	CHARGE GROUP	ALL ITEM	PERCENTAGE	CHARGE CODE	PERCENTAGE / AMOUNT
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

****Please attach related supporting memo & documentation for review.**

Requested by : _____ Date : _____

Verified by : _____ Date : _____
 Finance Manager/Accountant

Approved by : _____ Date : _____
 CEO

For IT Staff Usage :

Received by : _____ Date : _____

Completed by : _____ Date : _____