

**FACILITIES MANAGEMENT DEPARTMENT
SERVICE REQUISITION FORM**

Kuwait Finance House
بيت التمويل الكويتي



REQUESTER DETAILS

Requester Name: _____
Department/Division/Branch: _____ Date: _____
Location / Floor: _____
Contact No. : _____ (office) _____ (Handphone)

SERVICE REQUIRED

M&E Maintenance

- Lighting/Bulbs
 Other Electrical Matters
 Air-Conditioning
 Plumbing & Sanitary
 Fire Protection System
 Others : _____
(Please stated)

General Maintenance

- Door/Window
 Office Furniture/Workstations
 Flooring/Carpet/Tiles
 Office Cleaning Matters
 Security Related Matters
 Others : _____
(Please stated)

Office Equipments and Others

- Photocopier/Shredder
 Access Card/Manual Locks
 Protective Equipments
 Pantry Related Matters
 Pest Control Matters
 Others : _____
(Please stated)

Description of work to be done:

Requester Signature: _____ Date: _____

FOR FACILITIES MANAGEMENT DEPARTMENT USE ONLY

Request Received by: _____ Date / Time: _____

Service Requisition No: _____ Date / Time: _____

Comments / Action Taken:

Action Taken by: _____ Date: _____

Status: Completed Date of Completion: _____

In progress (Reason to specify) _____

Acknowledgement by _____