



SOUTH EASTERN KENYA UNIVERSITY

PLANNING AND DEVELOPMENT DEPARTMENT

REPAIRS REQUISTON FORM (RRF)

Part 1: To be filled by Department/Section Head (Department).....

Name.....Signature.....Date.....

a) Reported works to be carried out

S/No.	Defect/damage/breakage	Location	Cause defect/damage	Requested action for rectification
1				
2				
3				
4				
5				

Part 11: Maintenance Officer/Representative

Name.....Signature.....Date

Approved (Yes/No).....Reason if
 no.....

Recommended
 Action.....

Part 111: Works/Service Allocation

Allocated to (Name): Designation: Date:

MATERIALS AND VALUATION

Sno	Description	Unit	QTY	RATE	AMMOUNT (KSHS)
1.					
2.					
3.					
4.					
	TOTAL				

Officer's Signature: Date:

Part 1V: Department/Section Head (work/service)

Comment (after works).....

Signature.....Date.....

Part v: Maintenance Officer/Representative (after works)

Comment (after works).....

Signature.....