KEFRI/ENT/F/09



**ENTERPRISE FACILITY REQUISITION FORM**

APPLICANT NAME: ……….…………………………………………………..… TEL NO:…………

ID/NO: ………………… (Attach copy for external customers). Date of event ………………

**Type of service/facility (Tick Appropriately)**

Wedding reception Video shoots  Restaurant

Photo Shoot Conference Facility Accommodation

LCD Projector Pitch Tent

**Meal Type (Tick Appropriately)**

Buffet Plate service Teas

Others (Specify):

Amount to pay (Ksh): Receipt no.:

Paid by (name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

CUSTOMER REQUEST RECEIVED ON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_

FACILITY APPROVED/NOT APPROVED YES NO

IF NOT APPROVED, REASON(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY ALLOCATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF AUTHORISING OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN: \_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_

APPROVED BY GENERAL MANAGER, ENTERPRISES SIGN: DATE: