



SERVICE/WORK REQUEST FORM

To: Building Management
#522-523, 5th Floor
Corner of Pyay Road & Hledan Road
Kamayut Township
Yangon, Myanmar

Tel: 95-1-230 5631
Fax:
Date:

1. Service/Work requested by :

Name of person : _____ Department : _____
Tenant : _____
Room No. : _____ Level : _____ Tel. No. : _____
Date : _____ Time duration: _____

2. Description of service/work required (please give full detail) :

3. We confirm that the above service/work has been completed to our satisfaction and agree to pay for the charges incurred.

Signature :
Name :
Company :

FOR OFFICE USE ONLY

Action Taken by : _____ Date : _____ Time : _____

4. Description of action taken :

5. Parts/ materials replaced :

6. Charges :

Kyat/US\$ _____ Billing Advise No. _____

Checked By ,
Signature :
Name :

Confirmed By,(Property/Building Manager)
Signature :
Name :