ANNEXURE 1

FAX / FAKS

PROVINCIAL ADMINISTRATION: WESTERN CAPE
Department of Health - **Directorate Engineering**

PROVINSIALE ADMINISTRASIE: WES-KAAP
Departement van Gesondheid - **Direktoraat Ingenieurswese**

Date & time of emergency	D D	M M	Y Y	Time

REQUEST FOR EMERGENCY REPAIR WORK

TO / AAN:		**FROM / VAN:**
FAX / FAKS	**(021) 918-1690**	**FAX / FAKS**
Directorate Engineering Direktoraat Ingeneurswese		**INSTITUTION INSTITUUT**
FOR ATTENTION VIR AANDAG	**C Badenhorst H Grebe**	**ENQUIRIES NAVRAE**
		TELEPHONE TELEFOON
NO. OF PAGES GETAL BLADSYE		**DATE DATUM**

NATURE OF EMERGENCY:

ACTION TAKEN:

NAME OF CONTRACTOR: **TEL. NO.:**

ESTIMATE OF COST:

FIN 448 REFERENCE NUMBER:

FURTHER ACTION REQUIRED:

ASSISTANCE REQUESTED BY: _____

PERSON CONTACTED: C Badenhorst

OFFICE USE:

Authorised by	Name	Sign	Date
Entered onto Database	By:	Date:	

NAME: _____

Please attach this signed annexure 1 to any claim against Program 7.2 funds as per paragraph 6.3 of the Protocol.