NEW REQUEST FORM (SYSTEM)
Hospital Tengku Ampuan Rahimah, Klang
URL : http://htar.moh.gov.my
Emel : htaraplikasi @moh.gov.my

Project Name			
Requested By		**Date**	
Contact No.		**Name of Request**	
Description	[Description of the request]		
Reason	[Give the justification for the request]		
Impact	[Specify the impact of the request in terms of cost impact, budget impact, schedule impact, and impact on other projects]		

* Please attach the draft application proposal of your request

Office use only (IT)

Request No.			
Proposed Action	[Does the project manager propose this request is accepted / rejected and why]		
Status	**In review**	**Approved**	**Rejected**
Approval Date	[The date the request was approved]		
Approved By	[Who approved the request (usually the project manager or project sponsor]		
Estimated Completion Date			