



Office: Addu Equatorial Hospital
 Dept, Division: Store
 Number: (FRM)AEH/AEH/2026/22
 Budget Code No: S059-001-001-001-002
 Date: 5.1.2025
 Tel / Mobile No:

سندھ صحت ڈیپارٹمنٹ کے لئے درخواستی فرم

REQUISITION FORM FOR GOODS/ SERVICES

ملاحظات / Remarks	درخواست کی تاریخ / Rqt.Date	مجموعی قیمت / Total	قیمت / Rate	موصوفہ / Description of Goods /Services	کمیت / Quantity	
					مقررہ / Issued	درخواست شدہ / Requested
IT				BARCODE DESKTOP PRINTERS		6
				BARCODE SCANNERS		5
URGENT						
Project Name:				Programme Code		
Date	Signature	Name	Functions			
5.1.2025		Siyana Ibrahimdidi	/Requested by			
5.1.2025		Azeem Latheef	/ Request Authorized by			
			/Item Code Balance			
			/ Budget approval			
			/ Issued by			
			/ Goods Received by			

URGENT

AEH:MMU07



Kanbinaa Magr 119030 Addu City Maldives

URGENT



CAPITAL ITEMS PURCHASE APPROVAL REQUEST FORM

SRA NO: (FRM)AEH/AEH/2025/3101

SRA DATE: 24/11/2025

END USER: Aminath Siyadha

Instructions:

- This form must be filled and submitted for purchase approval of each desired capital item.
- Attach supporting documentation (i.e. quotes, justifications etc.)
- For fixed assets: replacement, substitute, backup and additional unit, mention the reg. no/ inventory no
- Obtain required authorised signatures
- Print completed form (print on both sides of the paper)
- Submit to CEO bureau for approval by CEO/ CEO Designee

Date	: 24/11/2025	Emergency Purchase	: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Department Name	: IT	Service Unit	:
Contact Name	: Aminath Siyadha	Contact Phone	: 9863100

DESCRIPTION OF EQUIPMENT/CAPITAL ITEM

(Please attach supporting documentation if additional space is required)

6 x BARCODE DESKTOP PRINTERS
5 x BARCODR SCANNERS

BARCODE PRINTER = 9340 x 6 = 56,040.00
BARCODE SCANNER = 5655 x 5 = 28,275.00

New Equipment	:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Replacement Equipment	:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Substitute for an existing equipment	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Backup equipment (attach justification in a separate sheet)	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Manufacturer/Supplier (if known)	
Model Number (if known)	

JUSTIFICATION

As HINAI is on operation to go live, Barcode Printers are needed for HCs to print barcodes for sample labelling.

Estimated Purchase Costs	MVR. 84,315.00	
Other Costs	(specify)	(amount)
Unit cost		
Installation Cost (if any)		
Capitalised Staffing Cost (if any)		
Other Associated Equipment (if any)		
Estimated Total Purchase Costs	85,000/- Budget	

BUDGET STATUS

Budgeted

Yes No

Not budgeted but emergency

Yes No

Not Budget but essential for a service

Yes No

Donation

Yes No

CSR

Yes No

Budget Code

423002

PURCHASE JUSTIFICATION (Please indicate with an X and provide justification for purchase request)

Patient Centred Care

Yes No

Organizational Efficiency and Strengthening of Services

Yes No

COMMENTS (Technical/ Engineering) if additional space is required, please attach a separate document

FIR HINAI SYSTEM USE.

HOD (Requesting department):

Name : Aminath Siyadha

Date : 24/11/2025

Signature : 

Technical/ Engineering (If applicable)

Name :

Date :

Signature :

HOD (IT department): (for IT & related equipment)

Name : Mohamed Latheef

Date : 24/11/2025

Signature : 

Budget available: Yes No

Name : Azlifa Abdul Azeez

Date : 24/11/2025 5/1/2026

Signature : 

APPROVED BY: CEO OR DESIGNEE Approved Rejected

Name : ~~DR IBRAHIM YASIR AHMED~~ Azcem Latheef

Date : 26/11/2025

Signature :