REQUEST FOR ALLOCATION OF DRAFTING STAFF			
Project Number			
Project Name			
Services	* [ ] ACMV [ ] FFAI [ ] Plumbing [ ] Sanitary [ ] Gas [ ] Electrical [ ] Others (Please specify)		
Drawing Type	* [ ] Tender [ ] Submission [ ] Presentation [ ] Others (please specify)		
Drawing Size	* [ ] A4 [ ] A3 [ ] A2 [ ] A1 [ ] A0		
Est. Number of Drawings			
Date Drafts Received			
Date Drawings Required			
Requested By		**Date**	
Remarks			

* Mark ☒ where appropriate

Initial	*Service*	Start	Finish