LIST OF EQUIPMENT

(As listed in the respective TR)

Program:

Name of Institution/Company:

Name of Equipment	Specification (2)	Quantity Required	Quantity on Site	Difference	Inspector's Remarks
(1)	(2)	(3)	(4)	(5)	(6)
	- 6		10		

Note: Columns 1-4 to be filled out by Institution/Company; Columns 5-6 to be filled out by PO/Expert Continue in additional sheet

Submitted by:	Attested by:
TVI/Company Representative Date:	TVI/Company Head Date:
Inspected by:	
PO UTPRAS Focal Person Date:	Expert Date: