

PAPER FORMS FOR USE BY THE EPLF IN THE FIELD

And

By its representatives in Europe

To ease and facilitate the administrative work in the field and particularly for use in the process of communication with its representatives overseas and the outside world I have designed and printed many copies of the following forms and sent them to the field. As a reaction there was a lot of appreciation by different departments in the field for the idea and practical help they have got to facilitate their work in the field and their contacts outside the field. A scanned version of some of the forms can be seen in the following pages:

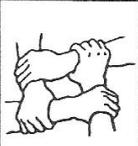
No.	Type/title
1	EPLF material request form
2	EPLF Stock control form
3	EPLF Requisition form for the hospitals
4	EPLF Receipt acknowledgment form
5	EPLF Visitors registration form
6	EPLF Reading materials request form
7	EPLF minutes of meeting form
8	Monthly Reporting Format for ERA
9	Quarterly Reporting Format for RICE
10	EPLF Hospital admittance and discharge form
11	EPLF Telefax cover page
12	EPHP Telefax cover page
13	MTB Telefax cover page
14	Equipment Enquiry status form
15	Vendors table of comparison

ERITREAN PEOPLE'S LIBERATION FRONT

FACSIMILE TRANSMISSION

From Name : _____		To Name : _____	
Address : _____		Address : _____	
Telefax no. : _____		Telefax no. : _____	
Date :	Number of pages	If all pages not received properly, call immediately on	

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ERITREAN PUBLIC HEALTH PROGRAMME
FACSIMILE TRANSMISSION

From Name : _____		To Name : _____	
Address : _____		Address : _____	
Telefax no. : _____		Telefax no. : _____	
Date :	Number of pages	If all pages not received properly, call immediately on	

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Department of Public Health

Form of Acknowledgement

Date _____

We acknowledge receipt of the following equipments drugs

No.	Item	Quantity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Condition of consignment on arrival good damaged

On behalf of the patients and medical personnel we extend our deepest gratitude.

Yours faithfully,

name _____

hospital _____

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VISITORS REGISTRATION FORM

Date _____

Visitor number	Visitors name	Occupation			
Address		Country of residence			
		Telephone No.	Code	Office	Home
Purpose of visit					
Places visited	Length of stay	Area of interest in the Eritrean revolution		Education	
		General Informaton/Interview	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
		Social	<input type="checkbox"/>	Public Health	<input type="checkbox"/>
		Organizational	<input type="checkbox"/>	Construction	<input type="checkbox"/>
		Military/POW	<input type="checkbox"/>	Others	<input type="checkbox"/>
		Drought	<input type="checkbox"/>		
What opportunities exist for you or (and) your associates to be involved in a development scheme in Eritrea			Remarks		

EPLF Minutes of Meeting

Department:		Page: 1	of:
Subject:		Date:	
Location:		From:	
Date and time:		Ref. No.:	

Participants:

Attachments:

Distribution:

Continuation Sheet

EPLF Minutes of Meeting

Department:	Page:	Of:
Matter under Discussion	Action by	Time limit

EQUIPMENT PROCUREMENT INQUIRY STATUS

Meeting No. _____ Date _____ Participants _____

Equipment name _____ Model/Year _____

Manufacturer _____ Quantity Available _____

Delivery time _____ Delivery location _____

Cost per unit _____

Transportation cost _____

Other costs _____ Total cost _____

Payment condition/arrangement _____

Equipment Inspection by buyer : Where _____ When _____

Equipment testing by buyer : Where _____ When _____

Buyer requirement _____ Vendor requirement _____

Understanding reached by participants of the meeting _____

Buyer representative's assesment of situation _____

Remarks _____
