Suggestion Form

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Suggestion No.:	Suggestion Date:	Suggestion for Department	Sugg. For Process / Method

Brief Description of Suggested Method / Procedures

Disadvantage of present method / Procedure		
Advantage of Suggested Method / Procedure		

Drawing / Sketch / Process Flow / Diagram etc.. For Justification

Estimated Saving if Suggestions are approved, Per year

Suggested by					
Name of Employee / Team member	Department	Level	Signature		

Prepared By	Verified & Approved By