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| **REQUEST AND BOOKING FORM FOR LAB SERVICE AND EQUIPMENT** FACULTY OF MEDICINE AND HEALTH SCIENCESUNIVERSITI PUTRA MALAYSIA**DEPARTMENT :............................................................... LABORATORY :................................................................** |
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| **APPLICANT DETAILS** |
| Name |  |
| I.D Number (Malaysian) orStaff/ Matric Number (UPM) |  |
| Address |  |
| Contact Number (Mobile) |  |
| Office Number & Fax Number |  |
|  |
| **SERVICE REQUIRED** |
| Types of analysis/ service/ equipment  |  |
| Department/ Laboratory |  |
| Person In-charge |  |
| Date of Use | From / / | to | / / |
| Time of Use | From am/pm | to | am/pm |
| Estimated charge for the service | RM |
| Method of payment | * Transfer Vote/ Research Vote ( Account/ Vote No: )
* Purchase Order (PO) UPM

□ Cheque(s) made to ‘BENDAHARI UNIVERSITI PUTRA MALAYSIA’* Cash
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| Applicant’s Conformation |  I hereby agree to the terms and conditions of the application. (Applicant’s Signature) (Date) |
|  |
| **FOR OFFICE USE** |
| Laboratory Manager/ Head of Unit’s Conformation |  (Signature & Stamp ) |  | (Date) |
| Approval By Head of Department  | * APPROVE
* REJECT

 (Signature & Stamp ) |  | (Date) |
| Head of Department Comments |  |
| 1. An agreement on the details of the services and the costs involved should be made in advance between the applicant and the head of the laboratory.
2. Please fill out this form completely and legibly
3. Applications must be submitted no later than three (3) working days before the date of service is required.
4. The approval of the application will be notified by the Department within three (3) working days after the completed application form has been received.
5. The applicant is responsible for complying with all the rules & regulations during the lab work.
6. Application must be approved by the Head of Department.
7. The applicant must arrange the payment within 2 (two) weeks after the service is delivered.
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