



Ref No: IIUM/307/4/23/1/12
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**LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE**

OFF KULLIYAH FORM

Note: This form needs to be filled out prior to taking out any instrument(s) from Kulliyah of Science for repair.

A. Vendor's Detail Information

Company Name : _____
Company Address : _____

Contact No. : _____
Purpose : _____

Date (from) : _____ Date (until) : _____

B. Detail of Item(s)

No.	Name of Item(s)	Brand	Serial No.	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				

Taken by;

Approved by;

Sign & stamp
(Vendor/Supplier)
Date:

Sign & stamp
(Science Officer)
Date:

Returned by;

Received by;

Sign & stamp
(Vendor/Supplier)
Date:

Sign & stamp
(Science Officer)
Date: