

LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE

CHEMICAL REQUEST FORM

Note: The form must be submitted to the lab staff in charge 3 DAYS before the collection day. Students are required to bring their glassware when collecting the chemicals. Kindly refer to the timetable.

A. Application Details Information

Name : _____
 Matrix/Staff No. : _____ Contact No. : _____
 Dept. / Kull. / Ins. : _____
 Project Title : _____
 Supervisor / Co-sv : _____

B. Required Chemical(s)

No	Description of Chemical(s)	Quantity	Inventory Status (Office Use)	Remarks
1			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
10			<input type="checkbox"/> Yes <input type="checkbox"/> No*	

*The delivery is based on delivery terms by supplier (1-3 months)

Requested by;

 Name:
 Date:

Recommended by;

Approved by;

 Sign & stamp
 (Supervisor/Co-Supervisor)
 Date:

 Sign & stamp
 (Science Officer/Assistant Science Officer)
 Date:

For Laboratory Office Use Only

Issued by		Received by	
Signature	: _____	Signature	: _____
Name	: _____	Name	: _____
Date	: _____	Date	: _____

*Note: Please submit the original form to the Science Officer.
 Please keep a copy of this form for your reference.*