

**LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE**

DISPOSABLE/CONSUMABLE ITEM(S) REQUEST FORM

Note: The form must be submitted to the lab staff in charge 3 DAYS before the collection day. 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 Item(s)

| No | Description of Item(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;

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

Approved by;

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.*