

LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE
OFF KULLIYAH FORM

Note: This form needs to be filled out before taking out any equipment/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 Equipment/Instrument(s)

No.	Name of Equipment/Instrument(s)	Brand	Serial No.	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Taken by;

Approved by;

 Sign & stamp
 (Vendor/Supplier)
 Date:

 Sign & stamp
 (Science Officer)
 Date:

Upon Returning

Returned by;

Received by;

 Sign & stamp
 (Vendor/Supplier)
 Date:

 Sign & stamp
 (Science Officer)
 Date:

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