MULTIMEDIA UNIVERSITY ®

FACULTY OF ENGINEERING AND TECHNOLOGY

LAB SERVICES & CONSUMABLES REQUISITION FORM

SECTION A (to be filled by requestor):

NAME:			
ID:		EMAIL:	
H/P No.:		DATE:	

PURPOSE

☐ FYP ☐ R&D ☐ Course ☐ Lab Space* ☐ Others (please specify): _____

* Subject to space availability. Validity of service is per trimester basis, and to apply for extension whenever necessary. The date of collecting back the item is mandatory to be stated. After which if the item is still uncollected, LMC will have no hesitation in disposing the item without further notice.

Project Title / Subject Name	
Supervisor	

SECTION B (to be filled by lab staff/engineer):

JOB REQUEST DESCRIPTION

DETAILS

No	Item	Quantity	Remark/Price

CALCULATION

Total Charge = RM_____

Lab Staff Name: _____ Signature: _____ Date: _____

SECTION C: ACKNOWLEDGEMENT

Verified By Supervisor		Approval By Lab Engineer		Item Received By	
Name		Name		Name	
Signature & Date		Signature & Date		Signature & Date	