



APPLICATION FORM FOR EQUIPMENT USAGE

SECTION A: USER REQUEST INFORMATIONS

Applicant Details

Lecturer / Postgraduate Student / Research Officer / Research Assistant / Others: _____

Name : _____

IC/Passport : _____ Mobile No: _____

Email : _____

Research Title : _____

*University/Institution : UM OTHERS; Please state: _____

Department / Faculty : _____

Sample Information

Name of equipment to be used : _____

Sample description : _____

Total of samples : _____

Parameters / tests : _____

Commence date : _____ Project duration: _____(hour / day)

SECTION B: FOR SUPERVISOR USE

Approval by Supervisor

Signature: _____ Official stamp:

Name: _____

Date: _____

Payment Method

Cash/Cheque

Invoice Commitment

➤ Research grant no.: _____

➤ Date of Transaction: _____

SECTION C: FOR OFFICE USE

Actual Usage Record

Usage Date : _____

Start : _____

End : _____

Verified by : _____

Date of received : _____

Total rental cost : _____

Name of AMMP Officer : _____

Signature : _____

EQUIPMENT : _____

RATE (RM) : _____ /hour

NO	DESCRIPTIONS	MACHINING TIME (HOURS)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
TOTAL		