

Centre of Advanced Manufacturing and Material Processing Level 8, Engineering Tower, Faculty of Engineering, 50603 University of Malaya

APPLICATION FORM FOR EQUIPMENT USAGE

SECTION A: USER REQUEST INFORMATIONS			
Applicant Details			
Lecturer / Postgraduate Student / Research Offic	er / Research Assistant / Others:		
Name :			
IC/Passport :	Mobile No:		
Email :			
Research Title :			
*University/Institution: UM OT	HERS; Please state:		
Department / Faculty :			
Sample Information			
Name of equipment to be used :			
Sample description :			
Total of samples :			
Parameters / tests :			
Commence date : (hour / day)			
SECTION B: FOR SUPERVISOR USE			
SECTION B: F	OR SUPERVISOR USE		
SECTION B: F Approval by Supervisor	OR SUPERVISOR USE		
Approval by Supervisor			
Approval by Supervisor Signature: Of	OR SUPERVISOR USE ficial stamp:		
Approval by Supervisor Signature: Of Name:			
Approval by Supervisor Signature: Of Name: Date:			
Approval by Supervisor Signature: Of Name: Date: Payment Method			
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque			
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment	ficial stamp:		
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment Research grant no.:	ficial stamp:		
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment	ficial stamp:		
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment > Research grant no.: > Date of Transaction:	ficial stamp:		
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment Research grant no.: Date of Transaction:	ficial stamp:		
Approval by Supervisor Signature: Of Name: Date: Payment Method	ficial stamp:		
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment Research grant no.: Date of Transaction: SECTION Cond Actual Usage Record Usage Date :	ficial stamp: FOR OFFICE USE Date of received :		
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment > Research grant no.: > Date of Transaction: SECTION Compared to the second Actual Usage Record Usage Date : Start : Start : Second Second Seco	ficial stamp: FOR OFFICE USE Date of received : Total rental cost :		
Approval by Supervisor Signature: Of Name: Date: Payment Method Cash/Cheque Invoice Commitment Research grant no.: Date of Transaction: SECTION Cond Actual Usage Record Usage Date :	ficial stamp: FOR OFFICE USE Date of received :		

Updated: 4/2/14(yna)

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	